

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

January 5, 2022

RFP #2022-19

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals to provide a **Commercial Off-the-Shelf (COTS), web-based case management system**. Request for Proposals (RFP) will be accepted until **2:00 pm on Monday, February 28, 2022**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing

Organization: ALABAMA DEPARTMENT OF MENTAL HEALTH
(ADMH)

RFP Closing Date & Time: **2:00 pm on Monday, February 28, 2022**
Review the mailing note.

RFP Contact Info: Leola Rogers
ADMH
Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Email: ContractingOffice.DMH@mh.alabama.gov

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Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

ADDITIONAL INFORMATION

1. Who **may not** respond to this RFP? Employees of DMH and current State employees.
2. In order to transact business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office. (Domestic means within the State of Alabama. Foreign means out-of-state.) Website: www.sos.alabama.gov
3. If contracted with the State of Alabama, all vendors must enroll and actively participate in E-Verify. Website: <https://www.e-verify.gov/>
4. All vendors must register with STAARS Vendor Self Service. Website: <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>
5. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.
6. **Section 9 Attachments 1 thru 7: Editable Word documents are located on ADMH website at www.mh.alabama.gov for use.**

ADIDIS REQUEST FOR PROPOSAL (RFP)

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Attachments 1 thru 7: Editable Word documents are located on DMH website at www.mh.alabama.gov for use.

1. GENERAL INFORMATION

The Department of Mental Health (ADMH) operates and manages a complex client care environment. ADMH's publicly funded mental health and developmental disabilities services system is responsible for providing behavioral health and disabilities services for participants covered by Medicaid. The Division of Developmental Disabilities (DD) provides a comprehensive array of services and supports to individuals with intellectual disabilities and substance use disorders and their families in the state through contractual arrangements with community agencies, five regional community services offices, and comprehensive support service teams that assist with behavioral, medical, and psychiatric services and supports.

The ADMH is soliciting competitive sealed proposals for a vendor to provide a Commercial Off-the-Shelf (COTS), web-based case management system solution modern, robust and efficient Alabama Department of Intellectual Disabilities Information System (ADIDIS) that will support authorizations and an efficient tracking of billing, Waiting List applications and enrollments, person-centered planning, Case Management input, Home and Community-Based Services Provider inputs and tracking, Personal Outcome Measures and supportive employment for the consumer, Certifications, Provider Enrollments, electronic submission of report requests and ensure compliance with contracts and standards.

To improve services to clients, accountability, streamline processes for staff and Provider network, and follow federal rules and regulations, the Department of Mental Health (DMH) is seeking a vendor to provide a case management solution to support the lifecycle of consumer care including intake, information and referral, assessment and reassessment, care planning and service authorization, service delivery and payment, case closure, and reporting. This project is essential to improving the efficiency and effectiveness of all Waiver programs.

If a suitable offer is made in response to this RFP, ADMH may enter in a contract (the Contract) to have the selected vendor (the Contractor) perform the work (the Project). This RFP provides details on the requirements for submitting a proposal for the Project, how DD will evaluate the proposals, and what will be required of the Contractor in performing the Project. Vendors should submit proposals for a complete solution for the Information Management System in accordance with the functionality described in this document. Each proposal will be measured on its own merits, based on the requirements of the systems. We expect one vendor to be the prime contractor and partner with other

vendors, if needed, to provide fully functioning all-inclusive system for the Division of Developmental Disabilities (DD).

This RFP also gives the estimated dates for the various events in the submission and selection process as well as planned project timelines. While these dates are subject to change, prospective vendors should be prepared to meet them as they currently stand. Failure to meet a deadline in the submission or evaluation phases and or any objection to the dates for performance in the Project phase may result in DD refusing to consider the proposal of the vendor.

The Information Management System is necessary to support the payor role of the Developmental Disabilities Division, as the State Agency managing intellectual disabilities care, co-occurring mental illnesses for the State of Alabama.

The Developmental Disabilities Division seek a vendor's software, hardware requirements (If applicable), implementation, training and support solution that meets all operational and the information system functional needs and requirements. DD is interested in a Centers for Medicare and Medicaid Services (CMS) certified, modern, robust, and user-friendly web-based information management system that will provide and manage a variety of programs and services. The system must contain flexibility to interface in with various systems such as Medicaid Electronic Visit Verification (EVV) solution and claims processing.

The approach used throughout this request for proposals (RFP) is to describe specific business situations and functional needs that the Information Management System must address. The vendor's response should indicate an understanding of the requirements and include detailed explanations describing the vendor's ability to address these. **Details describing the format, calendar and method of vendor response are outlined in Procedural Information section of this RFP.**

The Vendor to whom the RFP is awarded shall be responsible for the performance of all duties contained within this RFP for the firm and fixed price quoted in Vendor's proposal on the pricing form. All proposals must state a firm and fixed price for the services described.

OBJECTIVE

The purpose of this Request for Proposal (RFP) is to:

Provide enough information to interested vendors to prepare and submit proposals for consideration by the Division of Developmental Disabilities (DD)

of the State of Alabama Department of Mental Health to seek improvement of services to our clients, provide accountability, streamline processes for staff and Provider network, and comply with federal rules and regulations. The Department of Mental Health (ADMH) is seeking a vendor to provide a CMS certified COTS case management solution to support the lifecycle of consumer care including intake, information and referral, assessment and reassessment, care planning and service authorization, service delivery and payment, case closure, claims, billing and reporting. This project is essential to improving the efficiency and effectiveness of all Waiver programs.

ADMH intends to implement a web-based Case Management solution for all Waiver programs to meet the business needs of the department. The Case Management solution will support the lifecycle of consumer care including intake, information and referral, assessment and reassessment, care planning and service authorization, service delivery and payment, case closure, claims, billing, and dashboards/reporting

The objectives of the Alabama ADIDIS Case Management system are:

- a. Improve efficiency and effectiveness of all Waiver programs that will lead to increased productivity and better customer service. Outcome - Decrease processing time for ISP development and authorization by 10%.
- b. Improve health outcomes for individuals with DD through appropriate supports and services to enhance quality of life. Outcome - Decrease the percentage of Individual Support Plans (ISP) finalized after the implementation date by 10%.
- c. Improve capability to prevent and reduce fraud, waste, and abuse. Outcome - Improve ability to enforce rate methodology in ISPs and service authorizations based on required assessments.
- d. Increase staff, client and Provider satisfaction by providing on-line capabilities and automated processes. Outcome - Provide online, real-time 360-degree view of information for staff, Providers, and individuals/families on ISPs and services delivered.
- e. Improve access and services to clients through more consistent and efficient processes and automated workflows. Outcome - Eliminate the need to route paper documentation to support case management processes.
- f. Increased program transparency, accountability, and reporting capabilities through more robust data collection/analytics and automated management tools such as BI and AI. Outcome - Provide online, real-time dashboards for department staff and our Provider network.

- g. Facilitate efficient interoperability and effective communication among waiver stakeholders and partners. Outcome - Provide online, real-time status of the application for DD services to individuals and their family/guardians and provide online, real-time status of contract enrollment applications to Providers.
- h. Ensure all testing in a User Acceptance Testing (UAT) environment for accuracy of product design and functionality prior to production escalation.
- i. Specific software/hardware recommendations for operating and hosting the system.
- j. Supervision of installation and setup of the system.
- k. On-site training (Potential remote training due to Covid-19 disruption) user training and complete up-to-date operation, technical, and user documentation.
- l. A post-implementation review, testing and sign off period.
- m. Ongoing support relative to maintenance and enhancement of the system.
- n. Fully operational with the Electronic Visit Verification Systems (EVVs) chosen by Alabama Medicaid as the Provider of that service to all operating agencies in the state, including the capability to transmit data to and from Medicaid's vendor specifications.
- o. Fully operational with the Financial Management System Agencies (FMSAs) chosen by Alabama Medicaid as the Provider of that service to all operating agencies in the state, including the capability to transmit data to and from Medicaid's vendor specifications.

AGENCY OVERVIEW

The Alabama Department of Mental Health (ADMH) was established by Alabama Acts 1965, No. 881, Code of Ala. (1975), section 22-50-2. A cabinet level state agency, DMH is authorized to supervise, coordinate, and establish standards for all operations and activities of the State of Alabama relative to mental health. The Department has three unique service divisions: Mental Illness, Developmental Disabilities, and Substance Abuse devoted to accomplishment of these tasks. The Developmental Disabilities Division's mission is to assure that people with developmental disabilities are provided quality supports and services to lead meaningful lives. DD's vision is that people with developmental disabilities will live integrated lives through a choice of employment, home and relationships. Early Intervention (EI) is also a vital area of the DD Division. Early Intervention is a coordinated, family-focused system of resources, supports and services for eligible infants and toddlers' birth to 3 years who have developmental delays.

DEVELOPMENTAL DISABILITIES DIVISION (DD)

Specific responsibilities of DD include but not limited to:

- Intellectual disabilities services and supports may range from information and referral to case management or hourly services, to maximum supports that provide 24-hour care.
- The DD Central Office Staff provides oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility, monitoring/quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities.
- A DD Coordinating Subcommittee, comprised of consumers, families, service Providers and other leaders in the field, assists the division in setting and prioritizing service goals based upon needs of individuals and budgetary considerations.

Goals:

- Become a more consumer – driven system that supports individuals, families and self-direction that allows participants and their families to recruit, hire, train, supervise, and if necessary, discharge their own self-directed personal care workers.
- Design the system to become more pro-active rather than re-active in the provision of services and supports.
- Become an Employment First State.
- Improve the quality of Case Management and expand it to people not yet in service (service coordination/navigation).
- Improve the Intake Process for service eligibility.
- Expand Services to include people with Developmental Disabilities.
- Expand housing opportunities for people with Developmental Disabilities

DD Waiver Programs:

- Living at Home (LAH): Essentially the same as ID waiver, except does not offer Residential Habilitation Training services (Group Home) and has 769 slots.
- Intellectual Disabilities (ID): Serves individuals who would otherwise require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/IID). The Operating Agency is the Alabama Department of Mental Health. Serves persons 3 years old or older and has 5260 waiver slots.
- Community Waiver Program (CWP): The Community Waiver Program is a Demonstration Section 1115 that will operate concurrently with a home and community-based services 1915(c) waiver initially available in 11 counties. The program, launched in November of

2021, will enroll 500 individuals with ID in year one with overall goals of community integration, opportunities for employment, development of skills for independence, while also preserving natural and existing living arrangements through supports and assistive technology

DD Client Services Offered:

- Support Coordination/Case Management: Support Coordination/Case management (CM) is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.
- Targeted Case Management: Targeted Case Management (TCM) refers to case management for specific Medicaid beneficiary groups or for individuals who reside in state-designated geographic areas.

DD Current Wait List Dispositions:

- Person Waiting
 - a. Services Provided
 - b. Services Not Needed/Wanted
 - c. Person Not Found, No Knowledge of Whereabouts
 - d. Person Deceased
 - e. Person Ineligible Due to Level of Care
 - f. Person On List, Needs Not Critical at This Time
 - g. Person Can Be Found, Need to Track
 - h. Person Ineligible Due to Income/Resources
 - i. Person Ineligible Due to Institutionalization Duplicate
 - j. Part Served-Needs Add On
 - k. Part Served-Add on Not Critical

DD Programs:

- Home and Community-Based Services (HCBS): A Medicaid waiver program permitting a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
- Personal Outcome Measures (POM)
- Supported Employment
- Training
- Job Coach and Job Developer
- Self-directed Services: This service allows participants and their families to recruit, hire, train, supervise, and if necessary, discharge their own self-directed personal care workers.

- A. Prior authorization and a billing system that will:
 - Link all information about a person in the system—clinical, demographic, wait list status, diagnosis, medications, services needed, and services provided, by whom, when, and at what cost.
 - Ability to quickly modify elements of the service plan, while funding is available, to meet a client's needs and desires. Service plans should reflect both waiver and non-waiver services.
 - For accountability, need the ability to combine the federal and either state or local match into one check, which will provide a clean audit trail for federal review.
 - Automate the current Provider contracting system for more efficient and cost-effective results.
- B. An enhanced faster access system for applications and enrollments.
 - Electronic application
 - Waiting list incorporated into the information system
 - Electronic eligibility determination and redetermination
 - Electronic waiver enrollment from the regional offices the Medicaid Software vendor (currently Gainwell)
- C. An efficient system for plans of care that will support having person centered planning and having only one plan of care per individual that includes the outcomes for the delivery of services in as outlined in the person-centered plan.
- D. Collection of data on individuals receiving services as well as on those waiting for services.
 - Electronic interface between regional offices and 310 agencies for elements of the waiting list.
 - Ensure data integrity. Must be one and only one system of record for a given record.
- E. Electronic submission of reports, allowing automatic aggregation of data needed for system management and improvement.
 - Will include reports available to Providers: their own data, of course, but also, in the aggregate, the ability to compare yourself to all others statewide and regionally.
 - All parties that need to know about incidents will get the information they need immediately, electronically.
- F. Case manager input through electronic:
 - Progress notes
 - Billing

- Quarterly narratives
- G. The ability to promptly respond to Medicaid requests to satisfy CMS requirements.
- Immediately and efficiently acquire client information such as where the person is and who that person's Provider or case manager are, and what services they receive as well as what services they are waiting to receive.
- H. Outcomes measures
- Access to the system faster and easier
 - Person centered plan
 - Plans of care—obtaining desired goals
 - Satisfaction—enhanced freedom of choice and portability
 - Health and Safety
 - Eligibility Data for each person
- I. Increased efficiency
- Monitoring and other contacts, by certification, Quality Control, advocacy, regional offices, Medicaid staff, and case managers can be recorded electronically and aggregated, to give accurate measurement data and allow stratified, targeted sampling, thereby reducing the quantity of monitoring and contact that is needed for oversight.
 - For a more effective system that will reduce redundancy of role and function, clarifying roles, and changing some responsibilities and functions
- J. Electronic transmission and interface with the State of Alabama Office of Information Technology OIT Mainframe Systems MSIQ for clients' Eligibility information and Medicaid's Medicaid Management Information System (MMIS) system. All states with Medicaid Programs are required to have an MMIS. The MMIS processes medical claims and produces reports which track expenditures by aid category, claim type, category of service, or some other parameter.
- K. Role based access
- System access provided specific to individual user roles.
 - Security to protect clients' information on a need-to-know basis.
- L. Alabama Medicaid Agency (AMA) – MEVV Integration

Vendor can provide a standalone EVV system that will integrate with the AMA MEVV Vendor requirements OR Vendor will need to integrate directly with AMA MEVV Vendor for EVV Services

If Vendor has standalone EVV system, the following minimum requirements need to be met for AMA MEVV Compliance:

- Client, Provider, Authorization information sent in format needed for the AMA MEVV Vendor
- EVV Service Visit Data to be sent in format needed for the AMA MEVV Vendor
- AMA MEVV Vendor will generate all EVV Service Claims and send to MMIS
- MMIS will return the 835 remittance data to ADIDIS for EVV Services
- Vendor will need to provide payment of EVV Services to the ADMH – DD Providers

If Vendor is to integrate directly with AMA MEVV Vendor for EVV Services, the following minimum requirements need to be met for AMA MEVV Compliance:

- Client, Provider, Authorization information sent in format needed for the AMA MEVV Vendor
- AMA MEVV Vendor will send validated Visit Information to ADIDIS
- AMA MEVV Vendor will generate all EVV Service Claims and send to MMIS
- MMIS will return the 835 remittance data to ADIDIS for EVV Services
- Vendor will have to forward 835 remittance data to AMA MEVV Vendor
- Vendor will need to provide payment of EVV Services to the ADMH – DD Providers

PROJECT GOALS

The Department of Mental Health desires to procure a total solution system that will address Developmental Disabilities (DD) data and information system needs reflected in the previous General System Components Section above. The system will be critical for DD to attain the following goals:

- Provide the highest quality of care at the most appropriate level to its consumers
- Ensure that clients have access to appropriate, quality services in a timely manner
- Function as the state developmental disabilities services systems manager
- Increase administrative and service capacity by automating paper and manual work
- Develop more efficient business practices through proactive methods
- Maximize use of existing revenue sources
- Comply with requirements as steward of federal and state funding

- Control fraud and abuse
- Minimize financial risk for those who provide services, so that risk does not adversely impact client care
- Give Providers and other stakeholders timely, easy access to a 360-degree view of system data
- Enable staff to create forms, reports and dashboards with minimal training
- Determine the system's capacity
- Establish areas of need (location, population, service)

PROJECT SCOPE

This Request for Proposals seeks acquisition and implementation of a CMS certified COTS comprehensive, integrated developmental disabilities management information system. This system, the Alabama Department of Intellectual Disabilities Information System (ADIDIS) to manage, monitor, provide dashboards and reports on the following essential system functions:

- Intake
- Initial screening, eligibility determination, and enrollment
- Assessment, needs determination, level of care assignments
- Utilization management
- Provider network management
- Contract services monitoring and management
- Electronic Visit Verification EVVs
- Financial Management System Agencies FMSAs
- Claims processing and payment
- Quality and outcome reporting

In addition, the application should provide for the establishment of a data warehouse that will integrate specified data received from DD Providers and DD staff, analyze this data, and allow for the generation of customized dashboards and reports by DD Central Office Staff for the end user.

The Developmental Disabilities Information System will be used initially by approximately 26 Central Office Staff, approximately 90 Regional Office Staff, and approximately 250 Providers and 310 Boards who may access the system remotely on a restricted basis. Users will need access to perform tasks such as submission of intake, enrollment, assessment, outcomes, and claims data, and/or check on the status of claims and reconcile submitted claim. Workflow Wizards should be incorporated to guide users seamlessly through workflow processes necessary to completely enroll and document clients' information.

The proposed system should be scalable to allow for the eventual inclusion of additional DD Staff and Providers. The system should also provide for timely and efficient interoperability in EDI and all aspects of application interfaces.

System requirements for hardware (If applicable) for the initial DD system should be provided in detail, though any hardware purchase must be conducted under a separate State bid process. Proposals and pricing should clearly identify options and requirements for hosted solutions.

This RFP will result in a contract requiring an application that utilizes state-of-the-art, industry standard information technology, equipment, materials, and support services. The Alabama Department of Intellectual Disabilities Information System (ADIDIS) will be owned and operate by ADMH. It should interface with existing ADMH management information systems (primarily the ADMH accounting system – STARRS) and the Medicaid DXC system for claim processing, the Electronic Visit Verification System (EVVs), ADMH Data Warehouse and Financial Management System Agencies (FMSAs) chosen by Alabama Medicaid as the Provider of that service. The system must be CMS certified and fully HIPAA compliant to accept and send files to information system of all current and future Providers in Alabama's Developmental Disabilities services systems. Since eligibility data is a critical aspect of any client-based system, the success of inbound and outbound HIPAA transaction sets from the Medicaid System to the ADIDIS is of extreme importance. Availability and access to this data to DD is critical. It is an important regulatory obligation that ADIDIS be successful in paying and reporting in HIPAA compliance transaction sets.

How a vendor's system complies with HIPAA transaction, privacy and security regulations should be included as a key component with any response. The ability to handle eligibility verification, enrollment, claims submission and outcome reporting electronically is essential.

DD should be able to access and enter data directly in ADIDIS, both manually and electronically. Enrollments will be entered, updated and verified on-line and claims will be adjudicated using the ADIDIS. Initial and annual redetermination and/or terminations enrollments should be processed electronically by daily transmissions to AMA/DXC to the Long Term Care (LTC) file.

DD has many reporting and planning needs that require access to the data contained in the ADIDIS. Special consideration will be necessary to address these dashboards and reporting needs to ensure ready access to this information.

Frequently, State and Federal laws change, and the system should exhibit flexibility when DD need to change its service lines in response to changing laws or funding. This may require scalability on the part of the ADIDIS to include multiple lines of business that can exist as separate fiscal entities. The proposed system should have the ability to update billing codes as services are added and/or deleted in the waiver.

External organizations require external reporting that ADIDIS should provide. It is imperative that the vendor's system can capture and store the required information, as well as report out that data consistent with the HIPAA transaction set requirements.

In summary, DD is looking for a vendor that can provide a comprehensive turnkey information system with the necessary support services to operate an information system for the department. The term System in this context means hardware, software, implementation, training and ongoing support for these components.

PROJECT TASKS AND DELIVERABLES

Working closely with ADMH staff and other ADMH vendors, the selected vendor will be required to:

- Understand in detail the Solution's requirements
- Ensure the Solution's requirements documentation remains up to date.
- Maintain an up-to-date Requirements Traceability Matrix (RTM) that clearly tracks each Solution requirement's status and final disposition, including information related to the specific release that moves the requirement into production.
- Design, develop and document tests demonstrating the Solution is complete, correct and accurate.
- If a custom solution, create and maintain a code inventory
- Identify and document system-, program- and application-level process flows
- Identify and document data flows
- Identify and document changes or additions to ADMH data structures. Authorized State staff will make needed updates to ADMH databases.
- Create and maintain a data dictionary for all data elements and structures created or modified for the Solution
- Produce clear, easy to understand documents that meet accessibility standards

- Create and maintain technical documentation for all code modified or created for the Solution. Technical documentation must meet State technical documentation standards.
- Train and support ADMH staff in the use and support of the Solution
- Provide role-based user documentation
- Train ADMH trainers in how to use, and how to train other users to navigate and use the Solution
- All Solution documentation must be available in editable source documents. MS Office documents meeting State of Alabama accessibility requirements are acceptable
- Follow State technical policies and standards. Recommend design and process improvements consistent with industry best practices.
- Comply with all State security policies and standards. The selected vendor will make participation in, and completion of the Security Lifecycle Management process a priority.
- Complete code security scans according to an agreed-upon schedule and using tools as approved by the designated the State Security representative.
- Complete code reviews with ADMH technical staff.
- In collaboration with ADMH technical staff perform comprehensive unit testing.
- Work in collaboration with QA to perform integration and acceptance testing. Along with QA, it is the Vendor's responsibility to perform system testing, verify that application code is error free and ensure that application deployments are working without errors.
- Ensure Solution application deployments are coordinated through Release Management, have complete and accurate Release Notes, and have all known issues documented in the state's defect management tracking tool.
- Follow the Release Management Plan for all deployments. Develop and provide timely Deployment Instructions for all deployments.
- Provide technical documentation and knowledge transfer to ADMH staff; knowledge transfer includes all activities and deliverables identified in the Knowledge Transfer Plan.
- Provide weekly status or progress updates to the designated supervisors or team leads. (See Table 1 for list of deliverables required during project)

2. PROCEDURAL INFORMATION

RESPONSE PREPARATION AND PROPOSAL FORMAT

This procurement shall be conducted in accordance with applicable Alabama laws, rules, policies, and procedures. Proposals should be prepared in conformance with all instructions, conditions, and requirements included in this RFP. Vendors are expected to examine all documentation, schedules, and requirements. Failure to observe all terms and conditions may render the proposal non-responsive. ADMH reserves the right to use any other information which it obtains in order to evaluate proposals and to select a vendor. Information submitted by the vendor shall be sufficiently detailed to substantiate that the services offered meet or exceed the required specifications.

RESPONSE SUBMISSIONS AND FORMAT

The vendor must submit **four (4) copies**: (1) signed original, two (2) additional copies, and a thumb drive containing the entire RFP.

Vendors should submit all the information requested in the order requested so that reviewers can easily access the information that they need to evaluate the proposal. **All headings should be labeled clearly, and all pages of the proposal should be numbered.**

Proposal text should be in 12-point font and should be bound for ease of reading.

Submit the signed original, 2 copies, and thumb drive containing the entire RFP to:

Leola Rogers
Alabama Dept. of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

All proposals should include the following:

- Executive Summary that includes the proposed solution
- Vendor Qualifications and Experience with completed responses
- Certificate of Compliance.
- Corporate Resolution or other Evidence of Authority
- Completed responses to functional requirements
 - Details that support answers to requirements (no external links)
- Completed responses to technical requirements

- Details that support answers to requirements (no external links)
- Completed detailed cost sheet(s)
- Software Proposal worksheet
- Supplemental Information (optional)
- Vendor Security Questionnaire

INQUIRIES

All inquiries to the RFP and answers to same shall be responded to via email. Any questions that arise concerning the RFP should be emailed prior to the deadline of 2:00pm on January 24, 2022.

ADMH Office of Contracts

Email: ContractingOffice.DMH@mh.alabama.gov

ADDENDA TO THE RFP

Proposals should be based only on this RFP, subsequent addenda if any are issued, and the response to written questions and answers which shall be published on a specified date. ADMH shall not be bound by oral explanations or instructions given during the procurement process, unless specifically included in this RFP, subsequent addenda and the response to written questions and answers. In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all vendors who have indicated that they intend to bid.

CONTRACT TYPE AND DURATION

The term of the contract awarded under this proposal will be two years, with a possibility of renewal for up to three years. The contract term will begin at a date specified through post-bid negotiation between ADMH and the awarded contractor.

PAYMENT SCHEDULE

Payments during the implementation phase will be discussed and agreed upon during the contract phase. Applicable provisions for missed implementation dates will be applied and must be stated in the proposal. Licensing of proposed software will be paid once the project "Go-Live" date has been achieved. Any software licensing costs associated within the implementation phase should be identified in the proposal with specific milestones.

Implementation travel costs should be billed and reimbursed monthly as incurred.

RFP EVENTS SCHEDULE

The below chart outlines the events and the due date for each. ADMH will make every effort to comply with these dates. ADMH does reserve the right to change the dates listed and will let all vendors know of any changes as far in advance as possible.

Event	Date
Release RFP to Public	1/5/2022
Deadline to Submit RFP Questions to ADMH	1/24/2022
Deadline to Publish RFP Q&A	2/7/2022
RFP Submission Due	2/28/2022
RFP Submissions: 1 original, 2 copies & thumb drive of entire RFP	2/28/2022
Complete Vendor Demonstrations	3/25/2022
Complete Vendor Selection	4/1/2022

All communications should be sent to the address in the INQUIRIES section above including the vendor RFP questions.

3. VENDOR QUALIFICATIONS AND EXPERIENCE

The response to the VENDOR Qualifications and Experience Section must be divided into the following:

- Section Cover Sheet
- Table of Contents
- Transmittal Letter
- VENDOR's Mandatory Qualifications
- VENDOR's General Qualifications and Experience
- Financial Stability
- References
- Personnel and Payroll Contractual Experience
- Staffing
- Risk Assessment

TRANSMITTAL LETTER

- The Proposal Transmittal Letter must be an offer of the VENDOR in the form of a standard business letter on business letterhead. The Proposal Transmittal Letter must reference and respond to the following subsections in sequence and include corresponding documentation as

required. Following the cover sheet and table of contents, the Transmittal Letter must be the first page of the Proposal.

- The letter must be signed by a company officer empowered by the VENDOR organization to bind the VENDOR to the provisions of this RFP and any contract awarded pursuant to it. The Proposal Transmittal Letter must be properly signed and notarized, or it may be rejected.
- The letter must state the VENDORS's provision of services must comply with the Prison Rape Elimination Act (PREA) Standards, directives of the DOJ PREA Working Group, the PREA Auditor's Handbook, and other requirements or standards as may be defined in Administrative Regulations, directives, policies, and procedures of the federal government and the ADMH
- The letter must state that the Proposal remains valid for at least ninety (90) days subsequent to the Deadline for Submitting Proposals (Section 2, RFP Schedule of Events) and thereafter in accordance with any resulting Contract between the VENDOR and ADMH.
- The letter must provide the complete legal entity name, form of business (e.g., LLC, Inc., etc.), and Federal Employer Identification Number (FEIN) of the firm making the Proposal.
- The letter must provide the name, physical location mailing address (a PO Box address is unacceptable), E-mail address, and telephone number of the person ADMH should contact regarding the Proposal.
- The letter must state whether the VENDOR or any individual who will perform work under the Contract has a possible conflict of interest (i.e., employment by ADMH) and, if so, must state the nature of that conflict. VENDORS further confirms that no person has an interest in VENDOR or in the contract that would violate Alabama law. ADMH reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the offer. Such determination regarding any questions of conflict of interest shall be solely within the discretion of ADMH.
- The Letter must state unequivocal understanding of the general information presented in all Sections and agree with all requirements/conditions listed in the RFP. Any and all exceptions to mandatory requirements of the RFP must be defined in Attachment 8.2 VENDOR Exceptions.
- The letter must state that the VENDOR has an understanding of and will comply with the General Terms and Conditions as set out in Section 9.
- The letter must state that the VENDOR shall acknowledge and comply that the combined effort provided by subcontractors must not exceed twenty five (25) percent based upon the total proposed cost.
- The letter must provide a letter from the Subcontractor certifying that the VENDOR has received the permission of the third-party to include the scope of software and services under the cover of the submitted proposal.

VENDOR'S MANDATORY QUALIFICATIONS

The Mandatory VENDOR Qualifications must reference and respond to the following subsections in sequence and include corresponding documentation as required.

- The VENDOR must provide written confirmation that they comply with the provisions of this RFP, without exceptions unless otherwise noted. If VENDOR fails to provide such confirmation, ADMH at its sole discretion, may determine the Proposal to be non-responsive, and if deemed non-responsive the Proposal may be rejected.
- The VENDOR shall complete RFP Attachment 1 to comply with the listed conditions.
- Act 2001-955 requires an Alabama Disclosure Statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. VENDORS shall go to the URL: <http://www.ago.state.al.us/Page-Vendor-Disclosure-Statement-Information-and-Instructions> to download a copy of the Alabama Disclosure Statement. The Alabama Disclosure Statement must be filled out and must be submitted with the Proposal and attached to the VENDOR Qualifications and Experience section.
- The VENDOR shall acknowledge and comply that the VENDOR has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a VENDOR.
- The VENDOR shall affirmatively state that it meets all of the following minimum experience requirements:

GENERAL QUALIFICATIONS AND EXPERIENCE

VENDOR General Qualification and Experience

To evidence the VENDOR'S experience in delivering services similar to those required by this RFP, the General VENDOR Qualifications and Experience must reference and respond to the following subsections in sequence and include corresponding documentation as required.

The VENDOR must provide the following:

1. A brief, descriptive statement indicating the VENDOR'S credentials to deliver the services sought under this RFP to include, but not limited to:
 - Total years offering proposed software systems

- Total number of completed implementations of the proposed product and version
 - Total number of active government clients using the proposed product version
 - Total number of clients converted to the proposed product from legacy systems
 - Largest active government installation, including population
 - Smallest active government installation, including population
 - Other products offered by the company
2. A brief description of the VENDOR'S background and organizational history.
 3. Number of years in business.
 4. A summary to include the location of the VENDOR'S headquarters and the number of branch locations within the State of Alabama.
 5. A brief statement of how long the VENDOR has been performing the services required by this RFP.
 6. Total number of active clients.
 7. Total number of active Private Sector clients
 8. Total number of active Government Sector clients.
 9. Location of offices and personnel that will be used to perform services procured under this RFP.
 10. A description of the number of employees.
 11. Whether there have been any mergers, acquisitions, or sales of the VENDOR company within the last ten years (if so, an explanation providing relevant details).
 12. A statement as to whether any VENDOR employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor; and if so, an explanation providing relevant details.
 13. A statement from the VENDOR'S counsel as to any litigation filed against the VENDOR in the past seven years which is related to the services that VENDOR provides in the regular course of business which would impair VENDOR'S performance in a Contract under this RFP.
 14. A statement as to whether, in the last ten years, the VENDOR has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.
 15. A statement as to whether the VENDOR has ever been disqualified from competition for government contracts and/or dismissed from a government contract because of unsatisfactory performance; and if so, an explanation providing details.
 16. A statement as to whether the VENDOR has ever been dismissed from a government contract because of unsatisfactory performance; and if so, an explanation providing relevant details.

17. A statement of any contracts/license agreements/hosted subscriptions that the customer provided notice of cancellation to your firm, with or without cause, or elected to not renew in the past five (5) years as it relates to the software solution proposed. The summary shall state the name of the customer, summary of the contract, term of the contract and reason for cancellation or non-renewal. If none, state as such.
18. A statement as to whether the VENDOR has ever been dismissed from a non-government contract because of unsatisfactory performance; and if so, an explanation providing relevant details.
19. A statement to acknowledge and comply that all VENDOR personnel and subcontract personnel will be required to complete STATE's security and privacy training courses. These courses are required to comply with ADMH's Information Security and HIPAA Policy.
20. A detailed statement of relevant experience in the government sector (state, county, federal) within the last ten (10) years. The narrative in response to this section must thoroughly describe the VENDOR'S experience with providing the services sought under this RFP. In this Section, the VENDOR may also provide sample documents describing the VENDOR'S experience.
21. A detailed statement describing implementation barriers or challenges that have been experienced working with government entities on implementations. What proactive steps are planned in this proposed project to mitigate against similar challenges?
22. A detailed statement identifying two recent project implementations that are most comparable to the [DEPARTMENT/AGENCY]'s proposed implementation, and provide a project profile for each, including: scope of functional areas; project duration; any unique requirements or circumstances that were a part of, or came up during, the project; the legacy system converted from; etc.
23. A detailed statement identifying issues and/or delays with a state implementation project of similar size and scope.
24. What sets the product(s) and services that your firm proposes apart from competitors' products and services? Why should ADMH select your firm to partner with?
25. Please describe any other relevant experience assisting clients migrate from similar legacy systems.

Subcontractor General Qualification and Experience

The VENDOR shall be responsible for ensuring the timeliness and quality of all work performed by Subcontractors. If no Subcontractors will be proposed, the VENDOR must indicate so in this Section.

The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the ADMH.

For each proposed Subcontractor, the VENDOR must provide the following:

1. Subcontractor firm name.
2. Percentage of total work the Subcontractor will be providing based upon proposed cost.
3. Written statement signed by the Subcontractor that clearly verifies that the Subcontractor is committed to render the services required by the contract.
4. A brief, descriptive statement indicating the Subcontractor's credentials to deliver the services sought under this RFP.
5. A brief description of the Subcontractor's background and organizational history.
6. Number of years in business.
7. A brief statement of how long the Subcontractor has been performing the services required by this RFP.
8. Location of offices and personnel which will be used to perform services procured under this RFP.
9. A description of the number of employees and client base.
10. Whether there have been any mergers, acquisitions, or sales of the Subcontract's company within the last five years (if so, an explanation providing relevant details).
11. A statement as to whether any Subcontractor employees to be assigned to this project have been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor; and if so, an explanation providing relevant details.
12. A statement from the Subcontractor's counsel as to any litigation filed against the VENDOR in the past seven years which is related to the services that Subcontractor provides in the regular course of business which would impair Subcontractor performance in a Contract under this RFP.
13. A statement as to whether, in the last ten years, the Subcontractor has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.
14. A statement as to whether the Subcontractor has ever been disqualified from competition for government contracts; and if so, an explanation providing details.
15. A statement as to whether the Subcontractor has ever been dismissed from a government contract because of unsatisfactory performance; and if so, an explanation providing relevant details.
16. A statement as to whether the Subcontractor has ever been dismissed from a non-government contract because of unsatisfactory performance; and if so, an explanation providing relevant details.
17. A detailed statement of relevant experience in the public sector within the last ten (10) years. The narrative in response to this section must

thoroughly describe the Subcontractor's experience with providing the services sought under this RFP. In this Section, the Subcontractor shall also provide sample documents describing the Subcontractor's experience.

18. A description detailing the Subcontractors prior experience with the VENDOR and the proposed solution.

FINANCIAL STABILITY

Documentation of financial responsibility and stability; said documentation must include:

1. A letter signed by an Executive Member of the VENDOR'S organization such as the Chief Executive Officer, Chief Financial Officer, or by a company officer empowered to bind the VENDOR to the provisions of this RFP and any contract awarded pursuant to its attesting that the information provided pursuant to this Section is to his/her knowledge correct and complete.
2. Audited financial statements of the VENDOR prepared in conformity with Generally Accepted Accounting Principles of the United States for most recent three (3) years to include:
 - Opinion of certified public accountants
 - Balance sheets
 - Income statements
 - Cash flow statements
 - Changes in shareholders' equity statements
 - All notes pertaining to such financial statements
 - Management's discussion and analysis of such financial statements

Due to the length of audited financial statements, ADMH will accept a softcopy as a response to this Section from the VENDORS that must conform with this section of the RFP. The VENDOR shall clearly identify the file name and location on the submitted softcopy referenced in their hardcopy response to this Section.

3. The percentage of the VENDOR'S revenue and profits from providing the type of services to be performed requested in this RFP.
4. A statement if, in the VENDOR's last three fiscal years, the VENDOR had client revenue that represented more than 20% from any one client. If so, the VENDOR must provide the number of clients that represented more than 20% of the total of VENDOR's revenue.

5. Copy of the VENDOR'S most recent certificate of insurance indicating the types and amounts of insurance coverage in force.
6. Documentation of the most recent credit rating determined by an accredited credit bureau, such as Dun and Bradstreet, Moody's, Standard and Poor's, etc.
7. Statement that VENDOR has no significant unrecorded contingent liabilities that could affect the company's financial viability.
8. Statement from VENDOR indicating that the VENDOR is current on all taxes (federal, state, local) including, but not limited to, taxes on income, sales, property, etc.
9. For subcontractors providing fifteen percent (15%) or more of the scope of services based upon proposed cost, the Subcontractor is required to submit the same financial stability information as the VENDOR.

REFERENCES

VENDOR References

The VENDOR shall provide three (3) governmental references that are most similar to the size and requirements of the ADMH that have gone live with the proposed software. These references should be as follows:

- References Numbered 1:
 - Entity must be a State reference of similar in size and system functionality requirements to the ADMH
 - Entity had a go-live date within the past five years, and
 - Entity has used the proposed software system for at least twelve (12) months.
- References Numbered 2 – 3:
 - Entity to be similar in size and system functionality requirements to the ADMH
 - Entity is using the same software as proposed to the ADMH.

ADMH will contact these references to verify VENDOR'S ability to perform the services sought under this RFP. The VENDOR must notify all references prior to the submission of the Proposal that representatives from ADMH will directly contact the references for scheduling interviews. For each reference, the VENDOR must provide:

1. Client name.
2. Description of service provided.
3. A description of the VENDOR'S roles and responsibilities.
4. Vendor Project Manager/Lead for this Client.

5. Name and Version of software system installed.
6. Legacy software system replaced.
7. Scope of Modules installed.
8. Model used (Hosted, On-Premises, SaaS, etc.);
9. Is the system still being used by the client;?
10. Maximum number of staff on-site with the client (over entire period of client service).
11. Start Date of Project and Go-Live Date.
12. The time period of the project and/or Contract must be stated in the form of "from-to" dates (e.g., "Jan. 09 -- March 11"). Do not state this as a length of time (e.g., "two years"), without start and end dates.
13. Client's contact reference name, E-mail address and telephone number; provide a primary and secondary contact for each client. The VENDOR must verify the accuracy of this information (names, E-mail addresses and telephone numbers) within thirty (30) days prior to the "Deadline for Submitting a Proposal" date. If ADMH is unable to contact a reference after a reasonable effort, evaluation will proceed as if the reference were unfavorable; and
14. Label the reference responses as follows: "VENDOR Reference # 1,

Project Manager References

The VENDOR shall provide client list for the Project Manager proposed/assigned to manage and lead the ADMH implementation. References for the Project Manager are to be clients within the past five (5) years. The ADMH acknowledges that some of the same references provided may be duplicated. Name of Project Manager assigned by Vendor to [DEPARTMENT/AGENCY]'s project.

1. Client name.
2. Description of service provided.
3. Vendor Project Manager/Lead for this Client.
4. Role/Team Assignments for the Project; and
5. Implementation Start and Go-Live Date

STAFFING

The VENDOR must provide the following information for the staff to be assigned to ADMH for the duration of contract time.

Project Organization Chart

The VENDOR shall provide a project organization chart (including Subcontractors) that, at a minimum, identifies each key position for the proposed solution. Personnel occupying key positions must be dedicated full-time to the project unless otherwise indicated. ADMH reserves the right to

interview and approve the individuals assigned to those positions, as well as to approve any later reassignment or replacement, although such approval will not be unreasonably withheld.

For each position shown in the project organizational chart, the following must be provided (referencing the subsections in sequence):

1. Title.
2. Name.
3. Designation as a Key or Non-Key position. The Project Manager and individuals leading teams would be Key. Senior technical positions will also be Key and any other positions where the sudden departure of the incumbent would affect the team's ability to stay on schedule.
4. Description of project role and responsibilities.
5. Percentage of time to be assigned; and
6. Percentage of time to be spent onsite.

Key Positions

The VENDOR must provide resumes for the implementation team, live operation team, and ongoing support and maintenance team. Resumes shall be specific to the actual personnel to be assigned to this Project for all key positions (e.g., Project Manager, Trainer, Conversion Lead, Business Analyst, etc.).

The VENDOR must affirm that the VENDOR staff if needed shall be able to meet with ADMH in person, teleconference, webinar, or any other way deemed satisfactory to ADMH through the duration of this project.

For each position designated as a Key position, the VENDOR shall provide:

1. Name and title of the individual proposed to that position.
2. Description of project role and responsibilities to include but not limited to:
 - Listing of past software implementation projects
 - Certifications.
3. Completed Key Position Resume Sheet for each individual as provided in Attachment 4 (All Key Position Resume Sheets must be attached to the VENDOR Qualification and Experience Section); and
4. Designation of the individual as a Contract employee (compensation paid by an organization other than the VENDOR submitting this Proposal) or staff (compensation paid by the VENDOR submitting this Proposal).
5. The ADMH anticipates that any staff assigned to the Project will remain assigned to the Project, unless the ADMH deems the services to not meet expectations at which point the Contractor and ADMH will work together to remedy such non-conforming services.

ADMH IT Staffing

The VENDOR must provide the following:

1. Provide the ADMH IT staffing projections that are required to implement the system. These projections shall be broken out by role and corresponding role description with the skill sets needed for each role by phase.
2. Describe the recommended ADMH IT staffing requirements to maintain and operate the proposed solution moving forward. This shall include all server, network, database, business rules analyst, reports analyst and application administrators but shall not include application development for customization and code maintenance.

Staffing Time

The VENDOR shall indicate the normal time required to start work after a Contract is awarded and provide assurances as to the availability of staff for Key positions within that timeframe.

The VENDOR must also indicate the normal timeframe for filling non-Key positions.

Employment Certification

By submission of this information, the VENDOR is certifying that the individuals submitted are currently employed within the VENDOR organization or have been contacted by the VENDOR and have agreed to join the VENDOR organization upon Contract award. ADMH reserves the right to contact and/or interview submitted personnel prior to Contract award, and ADMH reserves the right to approve or reject such personnel.

Risk Assessment

- Provide a statement on how VENDOR will vet, train, and/or supervise employees and/or contract personnel to ensure workforce clearance procedures are followed under HIPAA.
- Provide a statement on how VENDOR will ensure HIPAA compliance is followed throughout the lifecycle of the project if awarded to VENDOR.
- Acknowledge and comply that the VENDOR and all subcontract firm's proposing line of business (LOB) are ISO27001 certified or AICPA SOC 2 Type II certified. The VENDOR must provide a certificate for one or both certifications to ADMH within this Section. If the VENDOR or any of its subcontractors are not ISO27001 certified or AICPA SOC 2 Type II certified, each non-certified organization

(VENDOR or subcontractor) must complete Attachment 5 – ADMH Security Risk Assessment. The VENDOR's designated information security official must review and sign the security assessment for precision and accuracy. This is also a requirement for any subcontract firm required to complete the risk assessment.

4. FUNCTIONAL REQUIREMENTS

This section provides vendors the functional requirements that should be addressed in the proposal to meet the business needs of DD. This section is not a specification listing, but rather a business need/requirement listing. The vendor should respond to each of these requirements with an explanation of how the solution being proposed meets these business needs.

The format of the requirements section will be to first present an overview of the application area with an explanation of the issues that are known. The overview will be followed by a series of functional needs and/or statements that are designed to determine the ability of the vendor to meet the specific functionality that is desired.

The vendor's responsibilities are to understand the business issues presented, respond to the specific points, and clearly indicate whether their application satisfies each requirement listed below. When appropriate, the vendor should provide a more detailed explanation on how the solution specifically meets the desired need.

Worksheet Attachment 6 is provided and required to be completed.

Most of the responses in the Functional Requirements sections will require a vendor code that indicates your system's ability to meet a specific requirement followed by a detailed explanation of how the system meets the requirement. Vendors should be candid about their system strengths and limitations and realistic in their responses. The response codes are as follows:

Vendor Response Codes:

Code	Description
<u>1</u>	<u>Part of the Standard System – Available Now:</u> This means that the system function currently exists as part of the Vendor's standard application software and is in operation at a minimum of one client site.

<u>2</u>	<u>Custom Programming at No Additional Cost:</u> This response indicates that in order for the Vendor to meet this requirement, custom programming will be required, that will be provided at <u>no</u> additional cost. The Vendor is willing and able to provide this level of functionality and that the programming can be completed by the scheduled system “Go-Live” date.
<u>3</u>	<u>Custom Programming with Additional Cost:</u> This response is comparable to that of a response of “2” except that the custom programming would require an additional cost. The Vendor should provide an estimate of the development time and include the costs specific to each item that should be included in the detailed cost analysis form.
<u>4</u>	<u>Planned Future Development:</u> This response indicates that the Vendor actively plans to add this functionality and it is part of an established development plan. The Vendor should provide an estimate of the development time and when this development is planned to be accomplished.
<u>5</u>	<u>Not Available:</u> This response indicates that the requirement <u>cannot</u> be met with the proposed software and that there are <u>no</u> plans to provide this capability

Several areas of the section may request a narrative response in addition or in place of a response code. The Vendor should take care to read the requirements carefully and respond to the specific items discussed. The Vendor should give a brief comment explaining how the system meets the requirement even if not specifically asked for as part of the requirement. Be sure to read the question as it is listed in the RFP. The response sheets might not incorporate the entire question as stated in the actual RFP.

The Vendor's response will be scored based on the completeness of the response and the perceived ability to meet the requirement. A response vendor code of 1 or 2, without explanation, will only qualify for a score that “meets minimum requirements.” Responses should provide references to the RFP pages that support the code chosen.

Additional information and data sheets can be submitted to support responses made in the proposal, but the vendor may not simply refer to documentation without responding to the specific requirement. In cases where the ability to determine a vendor's response requires unreasonable effort or research on the part of the evaluation committee, the requirement may be considered unanswered and may be treated as **NOT AVAILABLE**.

1. INITIAL SCREENING, ELIGIBILITY DETERMINATION AND ENROLLMENT

Overview

All individuals requesting waiver services from ADMH/DD are referred to the division's call center where contact initiates and screening occurs by one of four DD employees. If the person appears eligible for services after the initial screening, personal demographic information is entered into the system and a record is created. The information is transmitted to the appropriate intake coordinator in the proper region handled by support coordination. Once entered, the contact referral information is date stamped and support coordination has thirty (30) days to initiate contact with the referral to begin the process of determining eligibility. At that point, the Support Coordinator/Case Manager would have the capability of documenting activities through entry into the system in the form of a case note.

ADMH staff will determine if the client meets specified income, contract, demographic, diagnostic, Medicaid, and/or other user identified eligibility requirements for care by screening the client according to DD criteria. The critical items are whether the client has intellectual disabilities. A client must meet eligibility criteria to be enrolled in the system. The results of the eligibility will be captured in the ADIDIS system including disposition of any potential clients who do not meet the eligibility criteria. DD will require the use of a standardized eligibility process throughout the system.

TCM Support Coordinators will obtain the required demographic data, enter the data online, and administer the online initial screening that will establish the client's eligibility status. This process will result in enrollment of the client in the state ADIDIS system. Upon completion of this event, an enrollment record will be electronically completed in the ADIDIS. The client will be placed on the waiting list for services, by number and also after completion of a criticality assessment that may change the placement on the waiting list. Client criticality can change as the person's circumstances change and must be able to move on the waitlist as needed.

Criticality scores range from 1-12, with twelve being the most critical, which places the person at greater risk for institutional placement. Wait list management is critical to daily operations of the DD Division. Once a person is pulled from the waiting list, other required information and forms are necessary for waiver eligibility determination. Once determined eligible, the system should allow for a change in the participant's status to "ready to submit" status. Automatic electronic transfer of records will be sent to

Medicaid's Medicaid Management Information System (MMIS) daily to write the eligibility dates to the Long-Term Care (LTC) file.

The MMIS LTC software allows authorized users to submit electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients. Once received, the MMIS LTC software system should respond with "acceptance" or "denial" of the transfer one day after ADMH transmission. Two days afterward, the MMIS LTC software generates a report that is automatically transferred to the DD Division that includes the participant's name, Medicaid number and one of two responses: Accepted or Denied. If accepted, the date span for services is included in the transmission. If denied, the reason for the denial is included for reference.

The information should automatically be written into the individual's file in the system. It will be imperative that users performing enrollment functions do a thorough search to assure that a client does not receive an additional Universal Client Identifier (UCI) when presenting for services on subsequent visits. Search capabilities and merging or prevention of duplicate records must be strong features of the system.

Once clients are enrolled in ADIDIS, an interface with the Alabama Medicaid Agency (AMA) transmits 270 files and receives 271 files once a week. Eligibility for Medicaid, once established for a month, is good for the whole month for each eligible client. The ADIDIS system must create these HIPAA compliant files for newly enrolled clients at least weekly and schedule monthly file transactions for all active clients to ensure accurate use of Medicaid funds to support needed Intellectual Disabilities services.

Application Requirements:

Any known limitations or conditions for any requirement listed must be revealed to ADMH by the vendor.

1. The system assigns a Unique Client Identifier (UCI). This is critical to allow for tracking service delivery, claims payment and avoid overlap of services. The ADIDIS system blocks the creation of duplicate UCIs. The system assigned UCI coincides with the clients' SSN.
2. The system resolves duplicate UCI numbers. When the UCI is entered into the client's record, the ADIDIS system checks for duplication and alerts the user. Only the system administrator(s) is given rights to correct UCI duplication.

3. The system establishes a client record in the ADIDIS system upon completion of the initial screening process. Enrollment information will be directly entered into the system. There, the data will be stored for user defined reporting and data analysis functions, as, billing, service authorization, service utilization, etc. Initial information should include client name, address, telephone number, date of birth, sex, relative contact information, and social security number. Some of this data, once completed, should convert to read-only and the user will not be able to change without requesting it from the DD Division's central office staff.
4. The system captures address including county of residence. Address should be linked to a mapping application like Google Maps only in a HIPAA compliant manner.
5. The system allows for alternative methods of searching, identifying and locating an existing client record in the system including the following:
 - Partial Name
 - First or Last Name
 - Aliases
 - Date of Birth
 - Social Security Number
 - Unique Client Identifier (UCI)
 - Medicaid Recipient ID Number
6. The system can support AKA (aliases) as a method of identifying a client record.
7. The system can store and retrieve client information on referral and screening for clients not enrolled in services.

Explain how information is identified. Do the people screened need to be assigned a UCI? Are they assigned a UCI but designated as inactive? Describe how the system handles these cases.
8. The system allows for HIPAA compliant electronic batch updating of the eligible clients, especially for Medicaid. – Specify formats supported. For instance, an 837 for the billing.
9. The system incorporates the results of the Medicaid eligibility checking in real time for each client's eligibility and updates payor record so that claims are sent to the appropriate payor.

10. The system allows for on-line access to check eligibility and enrollment status.

11. The system supports all EDI Transaction standards (270, 271, 835, 837, etc.) Please note any that your system can NOT support. EVV file extract formats will be provided and required to send to the AMA EVV vendor(s).

12. Explain how the system records information on clients that have breaks in their eligibility periods.

For example, a client might be Medicaid eligible from January to June, off Medicaid from July to October and then Medicaid eligible from November to December; or a client might become ineligible for one service but become eligible for another during the period or become eligible after the period ends.

13. System can capture and report on the following dates critical for State reporting:

Date of service request
Date of screening
Date of first service
Date of Referral/Acceptance

14. The system accepts multiple approaches to identification, including aliases. If a match is found, the system will return an ID number, specified client data, authorizations, services, etc.

15. The system can retrieve and display all previous client encounters with the DD service delivery system.

16. The system connects the client Support Coordination Agencies.

Explain how the connection works. Explain how transferring client to different Support Coordination agencies works.

17. The system can capture the Client name and demographic data information.

Explain how the system handles historical data elements and what, if any, control providers will have over determining that records can be selected for historical or longitudinal storage, what changes trigger the

generation of historical data, and what flexibility is available in defining and changing triggers.

18. The system allows for additional data elements and custom screens to be added.

Explain the capabilities and limitations of adding data elements and screens including reporting.

19. The system can permit or prevent multiple current enrollments based upon DD defined criteria.

20. The system allows DD and Providers access according to security granted to check ADIDIS for a client's eligibility and enrollment status.

Explain other features of the system to which the Providers might be granted access and the benefits of those features.

21. The system allows online access to Alabama's Medicaid eligibility system for real-time eligibility checking.

22. The system can generate reports that include (and records any staff access to the system, by date)

- The client's status relative to clinical, authorizations, services, claims and claim payments, Wait List status, Waiver information, etc.
- Last contact date
- The client's current Medicaid eligibility status.
- The client's Wait List status at the end of the initial enrollment.
- The ability for DD to determine how many people presented for services and were screened and their disposition after screening.
- Provider reports of authorizations, claim submissions, payments, and reconciliation.
- Utilization reporting
- Provider services rendered.

23. The system generates, prints and exports standard and ad hoc reports.

24. The system retrieves client information and prints annual eligibility notifications and mail labels.

25. The system records that a "Consent for Disclosure" form is signed and on file.

2. ASSESSMENT, NEEDS DETERMINATION, LEVEL OF CARE, ASSIGNMENT, INTAKE

Overview:

Clients meeting eligibility requirements for receipt of services within Alabama's Developmental Disabilities service delivery system will then need to complete a placement assessment and the assigned Support Coordination Agency will determine immediate needs and establish an appropriate level of care to meet these needs. The assessment will help to identify the severity and nature of the presenting problem, and services that are needed. The ADIDIS will capture and track the status of clients at each step of the process from screening, assessment, level of care determination, referral to Providers, intake, service delivery (via claims data) and Wait List disposition.

The Support Coordination Agency performs the assessment process. The resulting level of care determination will identify the array of services appropriate for the client.

The Division of Developmental Disabilities is planning a more structured and possibly centralized assessment process that will more tightly manage resources and their appropriate usage. Plans are for use as an assessment instrument that will be mandated to determine placement criteria and level of care. The result of the assessment will be captured by the ADIDIS system.

Application Requirements:

1. The system collects diagnostic and needs related information from the provider for a client that will result in the ability to analyze data for different use cases.
2. The system captures a clinical determination for level of care that will assist in assigning appropriate initial level of services.
3. The system captures the result of the placement assessment in the client's ADIDIS record.
4. The system has the capability to have this assessment online through ADIDIS and to be available for use by staff (DD or Provider) who are performing assessments.

5. Output from this assessment information can be formatted into a report that can be electronically transmitted to service Providers.
6. The system records the client's status or disposition at the end of placement assessment as, but not limited to:
 - Person Waiting
 - Services Provided
 - Services Not Needed/Wanted
 - Person Not Found, No Knowledge of Whereabouts
 - Person Deceased
 - Person Ineligible Due to Level of Care
 - Person on List, Needs Not Critical now
 - Person Can Be Found, Need to Track
 - Person Ineligible Due to Income/Resources
 - Person Ineligible Due to Institutionalization Duplicate
7. Reports can be generated to capture (for example):

How many people received assessments and their Wait List disposition?

How many who received assessments then received services?
8. Once the individual has been deemed eligible for the waiver and placed into service status, the system must create, maintain, and generate history of active and inactive client records to ensure accurate use of Medicaid funds to support needed DD services.

3. UTILIZATION MANAGEMENT

Overview:

DD is contractually mandated to establish a system to monitor utilization of resources. ADIDIS will need to provide real-time information in regard to system utilization and resource availability. This function supports DD's need to ensure that priority populations receive timely access to care and that open treatment slots are filled in a timely and appropriate manner.

Application Requirements:

1. The system identifies and tracks all waiver slots available within the system on a real-time basis. Waiver capacity may also need to be tracked at the County/Regional level.
2. The system maintains a real-time system waiting list.

3. The waiting list can be sorted by user defined criteria.
4. The system can determine the number of individuals awaiting waiver services at any point in time and the specific services for which they are waiting and identify trends over time.
5. DD staff have access to the waiting list according to role-based security.
6. The system can provide for automatic updates to the waiting list when clients are enrolled in a service.
7. The system can compute the average wait time per Wait List disposition.
8. The system can compute the average wait time between the Wait List and the client receipt of waiver services.
9. The system supports the following data elements being tracked:
 - Wait List and Waiver admission dates
 - Actual dates of service for each service received.
 - Actual number of units utilized and authorized.
 - Transfer/discharge dates
 - Rate changes including effective dates
 - Date of Referral/Acceptance for Planned Services
10. The system supports utilization “triggers” or outliers.

Explain how they are implemented, how they work and the flexibility that the system must support any changes in them.

11. The system generates a variety of user defined reports that can be used by DD, Providers and other users to monitor utilization.

4. PROVIDER NETWORK MANAGMENT

Overview

The ADIDIS system will need to maintain a comprehensive database of all providers in Alabama's Developmental Disabilities service delivery system. The system needs to track programmatic activities of all certified waiver programs regardless of the service provided or source of funding. This process is critical to DD need to manage the Intellectual Disabilities service delivery system.

The system will need to establish a unique identifier, established through the program certification process, for each Provider that will allow the ADIDIS to

link Provider services across the entire system. The Provider file should be integrated with all other modules within the system to assure that services are only provided by, and payments made to those organizations and individuals that are authorized.

ADMH has statutory responsibility for waiver programs in Alabama.

Application Requirements

1. The Provider database contains at a minimum the following data element:
 - Provider's Information
 - i. Provider's Corporate Name
 - ii. Short Name (DBA)
 - iii. EIN
 - iv. NPI
 - v. Tax ID#
 - vi. Medicaid Contract ID#
 - vii. Other State Agency Code(s)
 - viii. Provider STARRS ID number
 - ix. Provider Status Effective Date Opened
 - x. Provider Status Effective Date Closed
 - xi. Contact Information
 1. Primary Contact Name
 2. Street Address 1
 3. Street Address 2
 4. City/State/Zip
 5. County Name
 6. Region
 7. Phone Number
 8. Phone Number Extension
 9. Fax Number
 10. Email Address
 11. Website
 - xii. Correspondence Address
 1. Street Address 1
 2. Street Address 2
 3. City/State/Zip
 4. Billing Address (in case there is a difference)
 - xiii. Mailing Address
 1. Parent Company
 2. Mailing Name
 3. Mailing Contact Name
 4. Mailing Street 1

- 5. Mailing Street 2
 - 6. Mailing City
 - 7. Mailing State/Province
 - 8. Mailing Zip/Postal Code
 - 9. Mailing Phone
- xiv. Contract/License Information
 - 1. License Number
 - 2. Contract Number
 - 3. Contract Date
- Enrollment
 - i. For Each type of Waiver
 - 1. Fund Code
 - 2. Disposition
 - 3. Status Date
 - 4. Effective Date
 - 5. End Date (for example if changing Waiver Type)
- List of Workers
- Services
- Provider Level Budgets
- Provider ID Numbers
- Categories
- Provider Adjustments
- Assessment
- Claims Submitted
- Sites
- Notes
- Linked Providers
- Aliases
- Service area
- Credentials
- Experience

(Data above may require tables and the fields will need to support multiple entries.)

- 2. The Client database contains, minimally, the following data elements:
 - Client's Information
 - i. Unique ID
 - ii. Medicaid ID
 - iii. Status
 - iv. Last Name
 - v. First Name
 - vi. Middle Initial
 - vii. Alias

- viii. Gender
- ix. Date of Birth
- x. Age
- xi. Date of Death
- xii. SSN
- xiii. Ethnicity
- xiv. Hispanic Origin
- xv. Marital Status
- xvi. Residence Type
- xvii. Street Address 1
- xviii. Street Address 2
- xix. City
- xx. State
- xxi. Zip/Postal Code
- xxii. County
- xxiii. Home Phone Number
- xxiv. Fiscal Region
- xxv. Region of Residence
- xxvi. Email addresses
- xxvii. Other Information
 - 1. Birth Certificate
 - 2. Birthplace
 - 3. Eye Color
 - 4. Hair Color
 - 5. Height
 - 6. Weight
 - 7. Primary Language
 - 8. Secondary Language
- xxviii. Date entered in system
- xxix. Enrollments
- xxx. Programs
- xxxi. Wait List data
- xxxii. Authorizations
- xxxiii. Notes
- xxxiv. Plan of Care
- xxxv. Contacts
- xxxvi. Claims Submitted
- xxxvii. Assessments
- xxxviii. Fund Eligibility
- xxxix. Diagnosis
 - xl. Medications
 - xli. Progress Notes

(Data above may require tables and the fields will need to support multiple entries)

3. The Claims database contains, minimally, the following data elements:

- Claim's Information
 - Claims should be linked to Provider and client
 - Unique Claim ID
 - Submitter Claim ID
 - Client's Name
 - Client's Unique ID
 - Batch Processing No
 - Manual Approval Information
 - Approval Date
 - Approved By
 - Approval Adjustment Reason
 - Claim Status
 - Remittance Status
 - Authorization ID
 - Claim Status ID
 - Rule Name
 - EOP Date
 - Export Date
 - Paper Claim Info
 - Printed Date
 - Delay Reason
- Claims Detail
 - Submitted by Info
 - Submission Date
 - Receipt Date
 - Claim Amount
 - Diagnosis
 - Claim Status
 - Medicaid Claim Transaction Number
- Service Details
 - Service Name/Code
 - Provider's Name
 - Units
 - Cost
 - Rate Change effective date(s)
- Remittance
 - Remit Date
 - Check Date
 - Check Number

- Payment Voucher ID
 - Amount
- Claim Adjustments Information
- For EVV claims, visit data
- Service Adjustments Information
- Notes
- HIPAA EDI Files and File Names

(Data above may require tables and the fields will need to support multiple entries)

4. The System Administration Utilities section contains, minimally, the following change elements:
 - Authorization Utility
 - Diagnosis Codes
 - Fund Code Setting
 - Group Setup to manage user security levels
 - Holidays/Closures
 - ISO Code Setup
 - Lookup Codes
 - Screen Designs
 - Service Codes
 - Payment Vouchers
 - Rate Chang Utility
 - Users Utility to grant system access to add new users

(The System must allow the administrative staff the freedom and flexibility to update system data and certain parameters as needed to insure appropriate system updates and access.)

5. The system supports the following unique identifiers:
 - Medicaid Provider ID#
 - State Agency ID#
 - Tax ID#
6. The system supports Providers that operate from multiple locations.
7. The system supports Providers being cross-referenced to the state agencies with which they are affiliated.
8. The system will provide access through ADIDIS to an on-line program directory that includes information on access, capacity, services, etc.

9. The Provider management module is integrated with all other application functions.
10. The system can accommodate the addition of other data elements and related tables to the system database and to the application screens by the user as needed.

5.CONTRACT SERVICES MANAGEMENT

Overview

The Division of Intellectual Disabilities receives Local, State, and Federal funds to support intellectual disabilities services throughout the state. Funding from these sources is provided under contractual agreements to community Providers. In addition, DD provides the state required Medicaid match for all Medicaid eligible intellectual disability service Providers. This arrangement is, also, covered through a contractual agreement. DD maintains a contract manual that delineates billable services, service restrictions, service combination restrictions, Provider eligibility requirements, and payment rates.

Detailed financial records of DD's income and expenditures, including general ledger, accounts receivable, and accounts payable systems, are maintained by DMH'S Division of Finance. DD should have a process in place, however, to efficiently manage and track contract utilization by its Providers. This budget managing process includes monitoring expenditures, reallocating funds, developing comparative contract reports, and providing timely reports of contract balances.

The budget and contract management system should allow for DD to have contracts with Providers under multiple lines of business and under different contractual relationships. For example, a typical Provider will treat both Medicaid and non-Medicaid clients, provide both Mental Health and Alcohol and Drug Addiction Services, for both Medicaid eligible and non-Medicaid eligible clients, and may be reimbursed fee-for-service for some services, through a line-item budget for others, or through a flat rate methodology.

Application Requirements:

1. Given the complex variations discussed in the overview paragraph, please give a detailed explanation of how your system can be configured to accommodate these conditions. Specifically include how the system can be configured, how the Providers will submit claims data,

how the contracts are built, and rates defined and how the financial transactions can be transmitted to a separate accounting system.

2. The system should support an integrated contract-billing module. Integrated in this context implies that the module can be updated online, and that modifications impacting service descriptions, staff qualifications, and the billing rates entered in this module are instantly available to all related modules, and the edits and cross references between modules is accomplished on-line and real time.
3. The system captures all standard contract details including services, rates, and contract limits according to the specifications of ADMH and DD.
4. The system supports multiple lines of business funded under one contract. Please explain if this needs to be under separate contracts in the system.
5. The system has the capacity to record, compare, and report by Provider, by county, and by region, respectfully, the total contract, award, by service, invoiced amount, received amount, unbilled balance, and forecasted end of contract balance.
6. The system supports a Provider having more than one contract.
7. The system supports the creation of new contracts at any time.
8. The system maintains the scope of the Provider's contract with procedure codes and rates.
9. The system allows specific services in a contract be designated to be paid from specific fund sources.
10. The system can be configured to set quantitative and qualitative benefit limitations.
11. The system can be configured to exclude Providers from being reimbursed for specific services.
12. The contract services management systems will support all HIPAA compliant coding conventions including the following:
 - CPT-4

- ICD-10
- HCPCS
- DSM IV with crosswalk to ICD-10

13. The system can determine, at any time, what contract is in effect for a specified service. If there are limitations on how the system handles this, please provide an explanation.

14. The system supports contracts based on different pricing methods – Fee for Service (FFS), capitation, etc.

- Describe what pricing methods your system supports

15. The system supports contracts that have rates or pricing methods that are date sensitive.

16. The system can set and monitor upper-level contract limits by Provider. For example, a Provider contract may have a “not to exceed” limitation. No claims would be adjudicated above that amount.

- Can a user with proper security override this “not to Exceed”?
- Would a contract limit need to be expanded in order for that to be accepted?
- Describe anything else that would need to be done to manage limits.

17. The system supports an annual not to exceed amount contract by service code.

- Can this flag stop claim payment?
- Can this provide a warning when claims are being processed?
- At what point would a not to exceed amount trigger an action?

The following items concern comparing contract amounts, actual payments, budgets and reporting.

Please explain how the system can best address these issues whether within the system itself, in conjunction with data from a fiscal system or only through reporting or the data warehouse. Be specific as to where the data would need to come from and how it could be used.

18. Ability to generate reports showing operating volume (e.g., client days, procedures, visits), revenue and expenses for the previous year, current year projected and budgeted year for each Provider, including budget versus actual.

19. Ability to estimate remaining period expenses of current year based on year-to-date data (with/without inflation adjustments), or to accept pre-determined amounts, as specified for each Provider organization.

6. CLAIMS PROCESSING FUNCTIONS

Overview

A major operational requirement of the ADIDIS is to provide the ability to account for and approve reimbursements within the system. DD currently uses an authorization process for services. Most of the accountability will be based around the claims' adjudication based on what is in a Provider's contract. Capitation and other reimbursement process should also be supported, and the system will need to record these payments and track service utilization against those contracts.

Providers will be required to submit all non EVV service claims, including Medicaid claims to DD for reimbursement for services provided within the delivery systems. ADMH will process all claims and authorize all non-EVV payment through ADIDIS. ADMH will follow current and future AMA EVV guidelines in the claims submission process, but payments will still be processed in the ADIDIS system for EVV service claims.

DD will be responsible for receiving and processing claims data from public Providers within its Provider delivery system. Although the claims will all be sent to a central point and reside in ADIDIS, the check writing and payment process will be decentralized. DD contract Provider claims payments will be approved through ADIDIS with an electronic voucher sent to DMH's Division of Finance. Batches then go to the Comptroller's Office for actual check cutting. Claims payments for other Providers will be approved by ADIDIS and paid by the state agency to the Provider. In each situation, however, the application should be able to perform as if it is adjudicating and paying claims, and should account for the use of funds as if the funds were paid by DD. Any known limitations or conditions must be revealed to DD by the vendor.

Medicaid Claims Management

How Medicaid eligibility data is handled is going to be critical to the success of the ADIDIS. Medicaid claims generated by its Provider contractors will be submitted to ADIDIS for adjudication and payment. The Medicaid Management Information System (MMIS) is managed by the Alabama Medicaid Agency (AMA). As part of the claims management process, DD should be able to access eligibility data in the MMIS on a regular basis to update the ADIDIS client database. The AMA has agreed that eligibility can

be checked on at least a weekly basis via 270/271 file formats. In addition, it is important to note that once a client has been determined to be Medicaid eligible for any month, then they are eligible for the whole month.

The selected vendor will be responsible for working with AMA to assure smooth and regular file transmission as well as incorporating the eligibility information gained into the individual client record updating the ADIDIS with the information sent from MMIS.

The ADIDIS will adjudicate all non-EVV service claims, pay non-EVV service claims as adjudicated, identify the Medicaid eligible non-EVV service claims and forward the adjudicated Medicaid non-EVV service claims information via an 837 file to the MMIS system. The MMIS system will then validate that the submitted claim is Medicaid eligible and check for other edits. The MMIS will either pay or reject each claim and send the electronic remittance advise (835) back to ADIDIS, indicating both paid and rejected claims, for reconciliation. The ADIDIS must be able to accept the 835 and reflect the MMIS adjudication process. For EVV claims, Vendor can provide a standalone EVV system that will integrate with the AMA MEVV Vendor requirements or Vendor will need to integrate directly with AMA MEVV Vendor for EVV Services

The submission to the MMIS would be done on a regularly scheduled basis to be determined between all parties. The AMA has indicated that Medicaid pays claims twice a month. The ADIDIS would need to flag the accounts that had been processed and forwarded to avoid duplicate submission of claims.

Application Requirements:

1. The claims' processing module is fully integrated with all other modules. Integrated in this context implies that the data entered in one module is instantly available to all related modules and the edits and cross references between modules is accomplished on-line and real time.
2. The system can automatically generate acknowledgement of receipt of claims batches from Providers. In addition, when claims batches are sent back to Providers for corrections, the system has a mechanism to support this level of function.
3. The system adjudicates claims, calculates the reimbursement amounts and creates a detailed and summary report or voucher by Provider that can be forwarded electronically to ADMH'S Finance Division (ASM accounting system) or to a separate government agency to generate the checks for the services.

4. The system can pay and track claims activity for a new system enrollee until Medicaid eligibility is determined and then provide an easy method for reclassifying expense and billing data as eligibility data is determined to be different than originally billed and paid. This is particularly important for clients who will apply for Medicaid at time of service and become retroactively eligible.
5. The system allows for user-defined eligibility information to be viewed on-line.
6. The system supports claims received from more than one line of business or Provider per enrolled client.
7. The system allows a Provider to sign on to the ADIDIS and determine:
 - Client DD and Medicaid eligibility status
 - Client enrollment status
 - Determine Claim Status
8. The system can cross check provider certification numbers against claims to assure that this Provider is certified for this service.
9. The system does not depend on an authorization number to confirm appropriate payment of claims.
10. The system provides the following edits:
 - Validate client enrollment at point of claim adjudication.
 - Check for enrollment restrictions.
 - Check against limitations and restrictions defined in contact billing manual.
 - Identify duplicate claims; and
 - Check for dollar limitations and unit of service limitations (authorizations)
11. The system provides a mechanism to establish critical thresholds based on units of service or dollar limits that will allow for quick identification of high utilization.
12. The system supports the following coding conventions as part of the standard product:
 - CPT, HCPCS, etc.

- ICD-10 or most current version
 - DSM IV
13. The system allows for payment authorizations from a variety of funding sources.
14. The system supports complex payment arrangements with Providers including:
- Fee for service
 - Procedure code-based fee schedules
 - Capitated method
 - Bundled service pages
 - Line-item budgets
 - Rate changes
 - Retro changes
 - Void/replace
15. The system can support payment methodologies that are service-date sensitive.
16. The claims payment system automatically maintains Provider billing and contract balances and can create reports that reflect these balances.
17. The system supports DD EDI standards for receiving electronic claims and sending remittance advices in HIPAA compliant formats. Please specify if there are any HIPAA formats that are not supported.
18. The system supports Providers entering claim data directly into the system.
19. The system provides a mechanism for Providers to enter claims data off-line, and then upload the claims to the system in a batch transfer mode.
20. The system can receive claims from Providers at gross charges and recalculate the payment amount automatically based on the Provider's contract and then give a detailed recap of the calculation in a format suitable for communicating back to the Provider.
21. The system supports electronic remittance advice that would allow for Providers to receive payment detail electronically.

22. The system supports the ANSI ASC X12 – 835 electronic remittance advice standards. For EVV data, 835 will be required to be sent to AMA EVV vendor(s).
23. The system supports on-line adjudication.
24. The system suppresses payments for services provided under capitated contracts and yet still provides detailed remittance advice to those Providers that report service utilization under capitated agreements.
25. The system will allow for additional Providers and lines of business to be added at any time to the system.
26. The system automatically processes adjustments to previously paid claims due to changes in actual delivered units, changes in service rates, and update the claims database. Void and replace functionality are available in the system
27. The system can produce Explanation of Benefit reports (EOB) for Providers and recipients or their representatives that lists services and benefits received.
28. The system, when appropriate, can create and send Medicare claims to Medicare intermediaries, including Medicaid crossover claims.
29. The system can update the claims database and Provider billing and balance reports to reflect reconciliation, gross settlements and cost recoveries between DD and the Providers.
30. The system can post adjustments for previously paid services to client and Provider accounts when it is determined that an overpayment or under payment has occurred based on:
- Corrected or revised units of service including increases, decreases (to zero units delivered, if necessary).
 - Corrected or revised third party reimbursement.
 - Corrected or revised service authorization or limits; and/or
 - Service rate information.
31. The system will allow for batch input of adjustment and correction transactions. The system will be capable of locating the original payments or adjustments and creating correcting payment or adjustment transactions and updating the Provider balance reports. The system also allows for indicating payments for specific services that,

resulted in corrections, audits, or cost reports, and were reconciled, cost settled, or partially or fully recovered. The system can account for canceled or returned payments from Providers for whatever reasons.

32. The system retains information on paid claims for a minimum of seven years past the date of termination for clients terminated for any reason. Active client information should be retained for the time spent on the waiver.

33. The system should have the capability to interface and transfer data, accept claims, and payments with the program chosen by Alabama Medicaid Agency to meet the requirements of the 21st Century Cure's Act Electronic Visit Verification Monitoring System for in-home service delivery.

AMA – MEVV Integration

34. Vendor can provide a standalone EVV system that will integrate with the AMA MEVV Vendor requirements
OR Vendor will need to integrate directly with AMA MEVV Vendor for EVV Services. Provide narrative for solution(s) offered as stated in the General Requirements section.

7. SERVICE TERMINATION AND OUTCOME REPORTING

Overview

The Support Coordinator will notify the Regional Office Waiver Coordinator when terminations from the program happen. The Regional Office will enter the date of termination into the waiver segment which places the client information into a "ready to submit" status where it remains until it is transmitted electronically with others in the file daily.

Application Requirements

1. The system can generate a discharge report at the point of service termination. At a minimum this report will include:
 - The type of discharge.
2. Outcome reports
Please provide a narrative that describes existing system functionality that addresses use of outcomes and any related experience working with other customers on inclusion of outcome measures and reporting.

8. QUALITY REPORTING

Overview

DD supports the use of best practices in Alabama's Intellectual Disabilities service systems. DD certification standards require that each Provider conduct continuous quality improvement activities. Data will be collected to allow DD to monitor quality indicators.

Application Requirements

1. The system captures data on the status of a Provider's certification, which will include:
 - Approved dates of certification.
 - Services authorized under certification status.
 - Number of authorized units per service treatment.
 - Certification sanctions and/or restrictions.
2. The system generates Provider certification numbers automatically as part of the certification process.
3. The system captures data on the status of clinicians' credentials that are associated with claims payments, as with Medicaid, clinical assessments, etc. This data, at a minimum includes:
 - Approved date of authorization.
 - Services certified to provide.
 - Certification number.
4. The system can generate reports from the certification and credential data on an ad hoc basis.
5. The system supports a formal grievance process, and therefore will need to capture key data and narrative information regarding the complaint, actions taken, and resolution to the problem.
6. The system can facilitate a client satisfaction survey, at DD specified intervals, and summarize the data into user defined reports.
7. The system generates reports of the number of clients seen per day, week, month, or year, by service, geographical location, Provider agency, or other user defined criteria.
8. The system can prepare real-time census by unit, age, race, sex, waiver program, services, county, region, or other user defined criteria.

9. INCIDENT MANAGEMENT

1. When searching the system for information of a specific individual, it would be helpful if all incidents that are entered for that person will be displayed on the oversight account. The system needs to include a method to select from a list (or similar) that is separated by program (residential, day, case management) which means we must select each program individually to see if the incidents occur across programs.
2. When generating reports, the system can export all the details from the incident and investigation findings into one spreadsheet. This will allow us to see the complete picture of the incident and investigation in one place. Currently, investigations (resolutions) are housed separately from incidents (GERs), so when we export incident details, we have to look up investigations separately, which is time consuming.
3. Providers don't always enter all fields of incident reports, so when generating reports, we have to manually review each incident with missing fields to get additional information, which is also time consuming for staff. If certain fields were mandatory in order to submit the form, this would cut down on incomplete reporting by providers.
4. Application is a national system, so there are other states that have different incident definitions than Alabama's list of reportable incidents. We often see that providers steer away from selecting Alabama definitions and they select codes that are not applicable. It would be helpful if providers were limited to our reportable definitions when reporting. This would help reduce coding errors tremendously.
5. System allows providers to select from low, medium and high notification levels when submitting incidents. This causes errors when a high incident like a death, is coded as a medium or low report in the system. It would be great if the provider could select the incident type and the system would automatically recognize it at the appropriate notification level. This would reduce additional errors as well.
6. Currently, individuals are assigned by program in the system, but it would be helpful to specify which waiver a person is on when generating reports. When it's time to submit waiver reports, we could easily filter LAH, ID, and CWP enrollments for performance measure reporting.
7. The system must include detailed user access criteria to prevent access to data and information that is not relevant to that user's scope of responsibility, organization, etc.

8. The system must include the capability to include data field definition/guidance that the user can access for reference purposes as they enter data. For example, incident/event definitions that can be pulled up to assure appropriate classification of an incident.
9. The system must include the capability to link multiple incident reports that relate to the same incident/event.
10. The system must provide intuitive guidance to the user to ensure accurate and complete entry of all data elements related to an incident/event.
11. The system must include the ability to establish data entry rules for all non-narrative data fields where such is required.
12. The system must include the capability to query data from any non-narrative data field.
13. The system must provide guided development of data queries that are functional for all system users and that allow for cross-referencing information on all data fields.
14. The system must provide guided progression from data field to data field based on a specific type of incident.
15. The system must be capable of identifying specific data fields that must be completed for a specific incident type and a method to prevent finalizing the report without information in these fields.
16. The system must include the capability to create numeric and graphic data reporting.
17. The system must include the capability to export data query results into an Excel report.

5. TECHNICAL REQUIREMENTS

This section provides vendors the technical requirements that should be addressed in the proposal to meet the business needs of DD. The vendor should respond to each of these requirements with an explanation of how the solution being proposed meets these business needs.

The format of the requirements section will be to first present an overview of the technical areas with an explanation of the issues that are known. The overview will be followed by a series of technical needs and/or statements that are designed to determine the ability of the vendor to meet the specific technical requirements.

The vendor's responsibilities are to understand the technical items presented, respond to the specific points, and clearly indicate whether their application satisfies each requirement listed below. When appropriate, the vendor should provide a more detailed explanation on how the solution specifically meets the desired need.

Worksheet Attachment 7 is provided with instructions and required to be completed.

Most of the responses in this section will require a vendor code that indicates your system's ability to meet a specific requirement followed by a detailed explanation of how the system meets the requirement. Vendors should be candid about their system strengths and limitations and realistic in their responses. The response codes are as follows:

Vendor Response Codes:

Code	Description
<u>1</u>	<u>Part of the Standard System – Available Now:</u> This means that the system function currently exists as part of the Vendor's standard application software and is in operation at a minimum of one client site.
<u>2</u>	<u>Custom Programming at No Additional Cost:</u> This response indicates that in order for the Vendor to meet this requirement, custom programming will be required, that will be provided at <u>no</u> additional cost. The Vendor is willing and able to provide this level of functionality and that the programming can be completed by the scheduled system "Go-Live" date.
<u>3</u>	<u>Custom Programming with Additional Cost:</u> This response is comparable to that of a response of "2" except that the custom programming would require an additional cost. The Vendor should provide an estimate of the development time and include the costs specific to each item that should be included in the detailed cost analysis form.
<u>4</u>	<u>Planned Future Development:</u> This response indicates that the Vendor actively plans to add this functionality and it is part of an established development plan. The

	Vendor should provide an estimate of the development time and when this development is planned to be accomplished.
<u>5</u>	<u>Not Available:</u> This response indicates that the requirement <u>cannot</u> be met with the proposed software and that there are <u>no</u> plans to provide this capability

Several areas of the section may request a narrative response in addition or in place of a response code. The Vendor should take care to read the requirements carefully and respond to the specific items discussed. The Vendor should give a brief comment explaining how the system meets the requirement even if not specifically asked for as part of the requirement. Be sure to read the question as it is listed in the RFP. The response sheets might not incorporate the entire question as stated in the actual RFP.

The Vendor's response will be scored based on the completeness of the response and the perceived ability to meet the requirement. A response vendor code of 1 or 2, without explanation, will only qualify for a score that "meets minimum requirements." Responses should provide references to the RFP pages that support the code chosen.

Additional information and data sheets can be submitted to support responses made in the proposal, but the vendor may not simply refer to documentation without responding to the specific requirement. In cases where the ability to determine a vendor's response requires unreasonable effort or research on the part of the evaluation committee, the requirement may be considered unanswered and may be treated as **NOT AVAILABLE**.

1. GENERAL TECHNICAL REQUIREMENTS

ADMH expects any proposed system will meet the following general technical specifications. Any known limitations or conditions must be revealed to ADMH by the vendor. The incorporation of key features in the design of a management information system will greatly enhance the power and acceptability of the system. If designed into the system, certain parameters can increase access to the system by non-technical staff and increase ease of use and overall system performance.

1. Required Fields – The system allows DD to decide whether a data element is required and should be entered before the system will accept an input form or can be bypassed during data entry. (We understand

that there may be exceptions in the billing or claims areas where certain data elements should be present.)

2. Historical Data – DD need to be able to capture some data history, such as, client address, staff assigned, level of care assignments, program assignments, with all values that change over time kept for future reference.
3. Integration – System integration into the existing ADIDIS is a requirement. The ability to promptly respond to Medicaid requests to satisfy CMS requirements and to incorporate other system process requests is crucial. Deliverables must ensure that the integrated systems function successfully as a unit.
4. Redundant data entry is not required. Once information is entered into the system, it is available to all users who require it, subject only to assigned access security.
5. Availability – The entire system is available to all users at all times (subject to security provisions), irrespective of what function any operator is using. Exceptions may occur when system maintenance or updates are required.
6. Growth Potential – The proposed software and hardware of the system are expandable. DD will be able to continue to use the system during periods of organizational growth and expansion. This would include the addition of the other DMH Divisions into this system.
7. Hardware Expandability – The proposed hardware (as applicable) is configured to handle reasonable growth and is upwardly compatible, if large-scale expansion is required.
8. Software Expandability – The software can accommodate additional functional modules.
9. Programming Language(s): The proposed application programs are written in a stable, widely accepted programming language that supports rapid application development and a graphical user interface.
10. Database: The system utilizes an industry-standard relational database that has the scalability and flexibility to meet the current and future need of the DD. The system should be able to store years of transaction

data on-line. Complete data dictionary and schema must be provided as part of system deliverable. Encryption on the database is required.

11. System Architecture: The system utilizes a modern tiered design that supports the ongoing development of software applications that serve multiple locations in a stable manner.
12. WAN/inter-Site Network: The vendor has a clear strategy for connecting multiple sites, i.e., public networks. (Any direct network work, if needed, must be done in conjunction with the Alabama Office of Information Technology (OIT).
13. Cloud-Based Solutions: The vendor possesses industry knowledge and implementation of Cloud-Based Solutions as it relates to the security, data storage and access, system flexibility, business collaboration and continuity, and expediate disaster recovery solutions. The vendor will also have a clear strategy for utilizing web-enabled devices such as smartphones and tablets to securely access and update data.
14. System Integration: The vendor has synching capabilities/integration with systems/applications like mainframe systems, electronic mailing systems (email), google maps, electronic visit verification, the state payment systems, the MMIS, etc. that all follow HIPAA guidelines
15. Data Communications: The system provides for standardized data exchanged with the State of Alabama and service Providers. (Please specify types of exchanges) Encryption and governance policies must be adhered to at all times.
16. Archiving Capabilities: The system is designed to support methods for archiving, reporting on, and retrieving inactive client records housed in the data warehouse on an ongoing basis.
17. Data Repository: The system supports methods for creating a non-production data repository that has a denormalized structure that allows for the development of standard and ad hoc reports by non-technical users.
18. Reporting Tools: The system supports one or more industry-standard reporting tools that can be used by non-technical users to create and generate reports from the production database (for real-time reporting) and the data repository. Auditing functionality must be in place to track users access to any PHI data on the system.

19. Security: The system must contain user access control features that allow role-based access to functionality of the system. ADMH will be able to grant access to users based on least privilege access necessary to perform each user's job function.
20. Interoperability: The system must be able to exchange data and extracts with other information systems that ADMH currently does or in the future will need to for compliance and business reasons. For example, with Medicaid or EVV partners.

2. USER INTERFACE DESIGN REQUIREMENTS

1. Custom Forms: The system can allow for development of custom forms that does not compromise the ADIDIS intended performance. The forms allow for the creation of new fields. They support validation checks for all new and existing files and user-defined determination of entry rules (e.g., required, warning, not required/no warning). Forms can support various objects such as textboxes, radio buttons, drop down list boxes (DDLBS), and combo-boxes, etc. with the possibility of being populated with user-defined data. All forms should have the capability for revisions as needed. Custom forms should only be developed and modified by the DD Central Office Staff and the application vendor.
2. Modifications of Existing Screens: The system supports the modification of existing screens including add new fields, removing (hiding) non-core fields, changing the location of fields, control over data entry rules, changes to validation checks, etc. Responsive screens should be incorporated in the system's design to adjust screens to the user's platform and orientation environment. Screen modifications should only be performed by the DD Central Office Staff and the application vendor.
3. Standard User Interface: All forms use the substantially same metaphors for searches, entering lookup information, saving data, updating data, moving to other parts of the form, creating reports, etc. The system should have the capability to track data entry by user, data entered by user and date stamp the data entry/change.
4. System Navigation: Provides the ability throughout the system to go back to the main menu, to move to another screen, or to have user-defined buttons on the screen that will prompt the user to go to another form. The system allows for all information relating to a client, Provider,

case manager, etc., to be easily accessed from any screen in the system where such data exists (e.g., can go to authorizations or call logs or screen forms for service entry or progress note entry).

5. **Report Generating Tool:** The system can generate any number of custom reports that can be placed on menus in user-defined location. Has the capability of reporting on any group of data field in the entire MIS including user-defined location; can perform multi-layered sort and select; can utilize wild cards in data position of a field to select item; can compute on any field or groups of fields. Has a report designer to design how reports will look and support many reports including columnar, crosstab, mailing labels, form letters, graph etc. Has the outputting reports on a manual or automated basis to the screen, printer, standard ASCII file format and PC application formats (XLS, WK*, MDB, PDF, etc.)
6. **Tickler Engine/Reminders/Notifications:** Allows for fields to be added in any form that allows the user to specify that follow-up is needed and when ("in xx days", or xx date). In addition, a tickler attribute can be added to most fields throughout the system whereby a user can set a value for that field (e.g., "a billed item has had no payment action in 45 days" or "it has been 7 days since the form that holds this item was filled out, but this required field is still blank"). The tickler engine can be set to run at specified intervals (e.g., "every night at 1am") and when it finds a record that meets the tickler threshold the engine will initiate a predetermined action that has originally set up. These actions include: Send an email to the case manager or designated billing person or the supervisor, etc.; Add the item to a report that is automatically printed at the end of the process, sorted by type of tickler item; Add the item to a report that is manually run by various users (e.g. "that scheduling person runs the report of all appointment from the previous day that have not had some action entered").
7. **Custom Help:** The system supports the entry of custom help to all entry screens.

3. QUALITY ASSURANCE REQUIREMENTS

1. ADMH has the approval authority to all change to the software that will impact the system's functionality.
2. **Testing (UAT)/Training System:** ADMH can maintain a complete test and training system that will allow ADMH to participate in input of data into the testing process, reviewing test results, and formally accept an

application change or enhancement prior to placing the changes or enhancement into an operational status. This system shall be a mirror of the production database with the ability to update in both direction – test to production and production to test. This would include the ability to test all reporting capabilities in both the production and UAT environments. ADMH shall not be the sole tester of software, but the supplier will independently test all software.

3. Problem/Change Request Process: The vendor can demonstrate and maintain a fully documented procedure enabling ADMH to report processing problems and to control and monitor applications change requests. This should include a process for reporting back the status of all such requests, the setting of priorities for the request by ADMH and a schedule for their completion provided by the vendor.
4. Software “Bugs” Defects: It shall be the vendor's responsibility to correct all application problems resulting from program problems inherent in the applications or due to improperly implemented program changes. These corrections should be given a high priority, as indicated by importance, by the vendor to be completed per an ADMH approved schedule. SLA information on resolutions must be provided.
5. Internal Controls: The applications should provide the ability to balance, through access to appropriate reports and control totals, each production cycle. For example, establish contract monthly balances, reconcile master file update activities, etc.

4. PERFORMANCE STANDARDS

1. Response Time: The applications software shall maintain an average response time of ≤ 3 seconds or during ADMH prime working hours for all on-line applications.
2. Multi-Tasking: The applications software shall be designed to facilitate rapid movements between modules.
3. Up and Down Scrolling: The software shall provide the ability to scroll the display forward and backward in on-line applications. Please describe any functionality as it relates to opening additional windows.
4. Field Defaults: The system provides users with defined default values throughout the system.

5. Data Outputs: The software can export data reports or screen data to Excel or CSV, PDF, JPG, DOC, DOCX File or to any printable format.
6. Report Format Standards: All reports have the same standard type of report headings.
7. Printer Control: The system can route reports to printers located in various locations throughout DMH. Report location printing should be selectable by the user requesting the report.
8. Background processing: DD Central Office Staff and Regional Office Staff users shall be able to write batch programs that will drive application programs in the background and during non-working hours (e.g., the running of daily or monthly reports.)

5. SYSTEM AND DATA SECURITY REQUIREMENTS

1. HIPAA: The system meets all HIPAA security and confidentiality requirements including Standards for Privacy of Individually Identifiable Health Information.
2. Security System: Two-factor authentication is required (or configurable) for remote access (such as access from a public network) and for any access by individuals with privileged accounts or an administrator role. Explicitly, the system has an operating system and/or application-level security system which will prevent unauthorized access to and manipulation of the system, directories, files and programs, particularly in the multi-agency, multi-user, multi-processing environment. The system must also contain password expiration functionality.
3. Security Features: The security system uses a combination of: Usernames; First and second level passwords; File and directory read/write execute/delete authorization, login (interactive and batch) restrictions (days, time, terminals, hard-wired and dial-up); Process initiation restrictions (e.g., month end closing); Device access restrictions; Application menu selection restrictions; and Database restrictions. The system must also contain self-service password reset functionality.
4. Backup System: The system has an operating system, utility program and/or application-level data backup and restore system which provides for the creation of functionally equivalent copies of the system, application and data files. Vendor shall be responsible for the backups

of the source code and data for the entire system. Define timeline for restore case.

5. For web-based applications, user cannot use the back arrow to access the previous web page whether they are logged into the system or have just logged out. It is a security issue in using the back arrow, data can be compromised.
6. Auditing: The system has a mechanism for auditing all user access to patient/client data records.

6. GRAPHICAL USER INTERFACE (GUI) REQUIREMENTS

An important component of the system evaluation will be based on the Graphical User Interface (GUI) of the software. It is essential that the user interface be simple and intuitive for the users. The degree to which the system meets the goal of being “user friendly” directly affects the level of training and the skill levels required of the end users. This in turn directly impacts the amount and type of training that is required to implement and maintain the system.

1. The software is presented in an environment that supports “Ease-of-use” and will allow the user to easily move from one application to another with limited keyboard interaction.
2. The system provides on-line interactive edits of all tables and master files assuming appropriate access rights are given.
3. The system allows table lookups while in the application screens.
4. The system has on-line user documentation that can be used for training staff as well as offering on-line help.
5. The system has built in data integrity edits to stop the user when incorrect data is entered.
6. The system allows for access to client records using either the client's name look-up, client SSN number, Medicaid ID, or Unique Client Identifier (UCI), at the user's discretion, throughout the system.
7. The vendor should describe any advanced technology that they have implemented to enhance the user's interface. Specifically, if any hand-

held devices, light pen, touch screen, mouse, voice or other technology is available, this should be discussed in this section.

8. Describe how "Help" screens or aids have been implemented with this system with other customers. Can the help send responses with page information to a specified email address?

7. DATA WAREHOUSE/REPORTING FUNCTIONALITY

ADMH is interested in obtaining the functionality of a data warehouse/reporting functionality for the entire system. Some dashboards, standard reports and all ad hoc reports be run against the data warehouse and not against the live production system except where real time data is needed to be captured. Describe your solution to do this, where and how you have accomplished this before and what hardware and software would be required for DD to operate the warehouse if needed.

Additionally, ADMH houses its own data warehouse that houses different department data. As part of the department initiative, all reportable data must be able to be housed here. Describe your solution for transferring the data to ADMH, where and how you have accomplished this before and detail any requirements needed on the ADMH side

8. DATABASE ACCESS AND DEVELOPMENT ENVIRONMENT

1. Report Writer Capabilities

An important aspect of ADIDIS will be the ability to access and report a variety of detailed and summary information. Reporting needs range from fast, on-line retrieval to statistical analysis of multiple data files linked and reported together. A critical need will be for all key staff members of the Provider organizations to have access to the information in the ADIDIS. Providers should be able to have access to data that is specific to clients located in their programs and/or service areas. The Providers can extract data specific to them and create a host of reports that analyze client and Provider activity. Special consideration should be placed on how to appropriately and effectively give Provider's access to data without affecting system on-line performance.

Provide a narrative of the system's reporting capabilities. If multiple report writers (software) are supplied with the system, then a detailed description of each one should be contained in this section. Describe any tools or toolsets that are provided or available with the system proposed that would give

ADMH staff the ability to manage their own data extraction, reporting and analysis. Include any associated costs of these tools or toolsets on the pricing sheets.

Address the following criteria in response to this section

- i. Review of Standard Reports by Application Area.
- ii. Provision of Examples of Standard Reports is recommended, including ease of use of report writer tool and ad hoc reporting tools.
- iii. Access to “source code” of standard and customized reports.
- iv. Ability to modify existing reports to meet the Providers’ needs.
- v. Ability to extract data and move to other environments. List the specific packages that are supported by this process in each of the following categories:
 - Spreadsheet
 - Database
 - Word Processing
 - ASCII files
- vi. Statistical Analysis Packages – SPSS/SAS
- vii. System uses Open Data Base Compliant (ODBC) drivers to allow for standard access to the ADIDIS data bases.

Documentation reflecting dashboards and the report writer capabilities should be included as either part of this section or as an attachment. The goal is to clearly convey the tools available with the system and available to the ADIDIS to access all the system information.

The vendor should specifically state how various members of the ADMH staff and Provider agencies will have access to the information that they require.

The vendor should also give an overview of safeguards that exist to prevent unauthorized access to data through the report writer function. Also, the vendor should discuss what security capabilities exist to limit database access to users of the report writer.

2. Development Environment and Access to Source Code

The vendor should provide an overview of the development tool(s) used to create the proposed solution. Give an overview of the design and structure of the system so that the ADMH can assess the approach that was used. If development tools are available as part of the

purchase of the system, give a detailed explanation of the degree of control that modifications to the base system as well as add functionality can be done.

The vendor should clearly state its position regarding allowing ADMH access to source code for all components (database structure, data dictionary, screens, batch processes and report programs) of the system. Provide information about the availability of an escrow account for source code.

Topics that should be addressed include:

- Ability to add, change (or delete) data elements to the system.
- Ability to add, change (or delete) screens to the system and access base system data and new data elements.
- Ability to add or change batch or real time processes to the system.
- Ability to modify existing "standard" system reports and replace them with custom reports; and
- Ability to add data elements that are specific to a Provider or fiscal entity.
- Ability to add data elements that are specific to Waiver program

The vendor should explain its support strategy as it relates to users making custom modifications to the system. If the vendor provides programming services that supports custom development, the vendor should give an overview of those services and itemize those costs in its response on the pricing worksheet.

Literature or marketing information regarding the development tools used in the product is highly desired to assist us in the evaluation.

9. DATA PURGE AND ARCHIVE REQUIREMENTS

A key attribute of the ADIDIS will be to provide long-term storage of the client information. This information is necessary and critical for two major reasons. One, there is a need for longitudinal client history information. This information will include all the information mentioned in the requirements section of this document. The second major need for this information is to provide an information system database from which a host management reports can be produced that reflect the activities of the Providers.

Since the size of the database and the amount of information maintained on a system of this nature can have a significant impact of the size of the CPU and disk space required to manage the system, it is imperative that the vendor address this issue in great detail.

In this section, the vendor should provide a detailed narrative that addresses each of the following issues:

1. Describe your approach to purging and archiving of data.
2. Describe the various parameters that the user can control to determine how long the information in the system will be retained.
3. Describe how your system supports a longitudinal client record
4. Given the assumption that the Providers will want to retain access to all data for all clients for a minimum of seven years and will want to retain on-line access to all data on active clients for their entire treatment period in the system, please project what the requirements will be to meet these conditions. It is important that the projections used in this section match the system quotations.
5. Describe how data is archived and to what environments, i.e., tape, optical disk, etc.
6. Describe what capabilities the system has to return data to the system after being purged and archived.
7. Describe how and what data can be returned and how this is accomplished.

The vendor should respond to this section by indicating an understanding of these system requirements and then indicating how its system will meet these requirements. Any costs associated with meeting these requirements should be included in the cost section of the response.

10. DATA CONVERSION

ADMH expects to download client identification and demographic information along with waiver information for all clients from the current system. Describe process that will be used in taking the current data of the existing system and populating the proposed system. Identify any costs on the relevant cost worksheet.

11. IMPLEMENTATION PROJECT PLAN AND STAFFING REQUIREMENTS

The project plan described in this section of the RFP should relate directly to the cost section of the RFP if costs are associated with the implementation. All travel costs involved in providing any of these services (training, project management, etc.) onsite in Alabama should be estimated. It is assumed that the selected vendor will make every effort to plan travel as efficiently as

possible. The VENDOR shall make its own determination as to the frequency and duration of travel necessary to ensure a successful implementation.

Provide an implementation project plan, WBS, and project timeline that addresses, at a minimum, the following categories:

1. Project Management
2. Configuration lead
3. Conversion lead
4. Testing lead
5. Training lead
6. Certification lead
7. System Surveys and System Functional Design
8. Software Installation
9. Customization Specifications and Development – include any & all interface costs
10. Table and Master File Configuration
11. Forms and Report Design
12. Training Resources, Plan and Schedule, Training Manual
 - Training should include training for user, operator, system administrator.
 - Training will be at a site to be determined by DD.
13. System Test Plan and system Acceptance Testing
14. Conversion Programming and Data Conversion
15. “Go Live” Support
16. Post Implementation Support
17. Written manuals/Training Materials to accompany the product.
18. Method for reporting problems internal to the system and service level agreement (SLA) for fixes. How the reporting system indicates by priority and tracks reported problems.

The Vendor should provide the resumes of key individuals that to be committed to this project. Their proposed role in the project should be identified. The Vendor shall designate a Project Manager to coordinate all activities of this project with the ADMH representative. ADMH will have the option of selecting specific individuals among those available through the Vendor and have the Vendor commit these individuals for the duration of the project. ADMH reserves the right to request that Vendor's staff be replaced if the services provided are not deemed satisfactory.

12. IMPLEMENTATION SUPPORT AND TRAINING

Vendor must prepare written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system. No communications material will be distributed without prior

approval from ADHM. The Vendor must provide initial, refresher, and ongoing system training at least annually to ADHM, Providers, support coordinators, and others as deemed necessary by ADHM. The Vendor must provide a detailed plan for initial and ongoing training, including a training manual and Self-Paced Web Based Training Modules. In addition, the Vendor must address how support questions will be received and answered once the system is up and running.

The training of ADMH staff will require special attention. During system go-live, the vendor should be willing to provide a high level of on-site support. On-going training is also a major concern. It is important that the vendor agree to provide a training approach that will not only train to go-live date but will provide an ongoing training support strategy to ensure staff can be retrained and that new staff can be trained.

As part of the Proposal, the Vendor must:

1. Describe how the Vendor proposes to provide written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system.
2. Describe how the Vendor proposes to provide initial, refresher, and ongoing system training at least annually to Medicaid, Providers, support coordinators, and others as deemed necessary by ADMH.
3. Describe how the Vendor proposes to provide a detailed plan for initial and ongoing training, including a training manual and Self-Paced Web Based Training Modules.
4. Describe how the Vendor proposes to address how questions will be received and answered once the system is up and running.

The vendor should describe the types of documentation/materials that will be delivered with the system. Examples of the documentation are desired as part of the RFP response. A list of all documentation will be required.

Types of documentation that ADMH is looking for include:

- On-Line System Documentation
- Screen Level Documentation
- Application Procedure Manuals
- Description of Functional Business Process Flows
- Training Manuals and Training Aids (online video training)
- System Operations Manuals
- Report Writer Documentation (Data Dictionary and Database Definition)

13. SOFTWARE SUPPORT SERVICES

The plan described in this section of the RFP should relate directly to the cost section of the RFP. These costs should reflect ongoing licensing fees and software support and maintenance (include third party product support) costs required to maintain the ongoing operation of the system for a period of three years after “Go-Live.”

The Vendor should provide a comprehensive overview of the software maintenance and support services provided with this proposal. Identify what is covered as part of a standard support and maintenance agreement and what is not.

1. What hours are support staff available? Please address availability to support Central Time Zone (CST) hours. Be specific about what will services are available and when via a 24x7x365 matrix.
2. Is there a User's Group (National, Regional, Local) in operation for the proposed product(s)?
3. What support services are available from your company? Provide a detailed description of problem escalation procedures and specify responsibilities of the parties involved.
4. What is your policy and procedure regarding new releases and updates of the proposed product? Describe what documentation will be included for new releases and updates.
5. What is your policy regarding modifications that the DD may make to your product after installation?

14. SERVICE LEVEL AGREEMENT (SLA)

The responder must provide a Service Level Agreement which includes application reliability and provide reliability results. The SLA will define the service levels that must be maintained as it relates to the support, reliability, and performance of the proposed solution. Below define the minimum requirements for ADMH standards.

- A Performance Report Card must be submitted to the state agency monthly. The Monthly Performance Report Card must follow the guidelines described in the RFP. The statement of work defines the operations and maintenance that must occur, and the service level

requirements identify the operational and system performance parameters

- The system must be available and accessible to users twenty-four (24) hours a day, seven (7) days a week, except for scheduled system maintenance.
- The system must be available from six (6) a.m. to twelve (12) a.m. CST, with a 99.5% availability.
- The system must be available from 12:01 a.m. to 5:59 a.m. CST, with a 95% availability.
- The scheduled system maintenance times shall be mutually agreed to by ADMH and the vendor.
- The system must deliver an average response time of three (3) seconds, with a maximum response time of eight (8) seconds.
- The system must provide disaster recovery capability that ensures an RTO of no more than twenty-four (24) hours, and an RPO of no more than twelve (12) hours.
- ADMH reserves the right to determine and assign levels of severity for the issue/support problems. The severity of the issue/support problem shall determine the problem resolution response time in any thirty (30) calendar day period during the duration of the contract as follows:
- Severity Level 1 shall be defined as critical situations, when the agency's system is down, ADMH is unable to use the system in part or whole, or data loss or corruption is realized. The contractor's technical support staff shall accept the call for assistance at the time ADMH places the initial call; however, if such staff are not immediately available, the contractor shall return the call within thirty (30) minutes. The contractor shall resolve Severity Level 1 problems as quickly as possible, which shall not exceed four (4) working hours, unless otherwise authorized in writing by the state agency.
- Severity Level 2 shall be defined as major situations when the system has significant outages and/or failure precluding its successful operation, or possibly endangering the state agency's environment, or system performance inhibits key business processes, and the issue is widespread. The system may operate but is severely restricted. The contractor's technical support staff shall accept ADMH's call for assistance at the time ADMH places the initial call; however, if such staff are not immediately available, the contractor shall return ADMH's call within sixty (60) minutes. The contractor shall resolve Severity Level 2 problems as quickly as possible, which shall not exceed two (2) working days, unless otherwise authorized in writing by ADMH.
- Severity Level 3 shall be defined as a minor problem that exists with the system, but the majority of the functions are still usable, and some circumvention may be required to provide service. The contractor's technical support staff shall accept the state agency's call for assistance at the time ADMH places the initial call; however, if such staff are not immediately available, the contractor shall return ADMH's

call on average within twenty-four (24) hours. The contractor shall resolve Severity Level 3 problems as quickly as possible, which shall not exceed five (5) working days, unless otherwise authorized in writing by ADMH.

- Failure to adhere to the SLA guidelines must be stated in the agreement.

Proposed SLA agreements may be accepted without changes, but ADMH reserves the right to recommend changes to the proposed SLA as part of the contract phase.

15. DISASTER RECOVERY

The proposed solution has a comprehensive disaster recovery and backup plan in place and functioning. Vendors must develop a Disaster Recovery Plan that complies with Federal Guidelines (45 CFR 94.62(f)), identifying every resource that requires backup and to what extent backup is required. The Disaster Recovery Plan must include a robust restore recovery plan and backups minimally daily in the event of a system failure. This must include offsite electronic and physical storage in the United States. In addition, the Vendor must identify the software and data backup requirements.

As part of the Proposal, the Vendor must:

- Describe recovery procedures from all events ranging from a minor malfunction to a major disaster.
- Describe recovery procedures for offsite environments, roles and responsibilities of vendor, State, and outsourcer staff.
- Describe recovery procedures for checkpoint/restart capabilities.
- Describe recovery procedure for retention and storage of backup files and software.
- Describe recovery procedure for hardware backup for the main processor.
- Describe recovery procedure for Application and operating system software libraries, including related documentation.
- Describe recovery procedure for identification of the core business processes involved in the Electronic Visit Verification System.
- Describe a recovery procedure to include documentation of contingency plans.
- Describe a recovery procedure plan to include a definition of triggers for activating contingency plans.
- Describe recovery procedure plan for replacement of hardware and software (if applicable).

6. SUPPLEMENTAL INFORMATION

Information contained in this section does not relieve the vendor from the obligation to complete any section of the RFP. Answers within the RFP cannot refer to this section. The intent of this section is to allow the Vendor to present system and service capabilities that may not have been requested in the RFP but are available to ADMH. This area is not evaluated as part of the proposal.

PRODUCT DATA SHEETS

This section is reserved for the Vendor to provide DD with any additional information that the Vendor feels is relevant, but not specifically requested. The Vendor should provide data sheets or documentation regarding the system functions and features that will be delivered with the system and are therefore included in the costs proposed.

Describe any additional modules that are available.

CONSULTING SERVICES

Information regarding additional information systems or management consulting services that could be purchased, in addition to the implementation services proposed to assist in the implementation of the ADIDIS is also desired. Information regarding billing rates is desired. Each service available and the corresponding hourly rate should be provided.

PROGRAMMING SERVICES

Information regarding programming services that could be purchased, and the related billing rates is also desired.

TRAINING SERVICES

Information regarding training services that could be purchased, and the related billing rates is also desired.

7. EVALUATION METHODOLOGY

PURPOSE

The purpose of this evaluation methodology is to establish a process that allows ADMH to select the Vendor that meets the needs of DD most effectively and at the best value. The evaluation process will assess a variety of data included in the RFP response. The methodology provides for an analytical evaluation of the Vendor's ability to meet the system requirements. The result is a quantified evaluation process leading to the selection of the Bidder.

PRE-SCREENING EVALUATION

In order to concentrate evaluation resources most effectively on qualified Vendors, a pre-screening of proposals will be conducted to eliminate vendors that do not meet a minimum subset of requirements from further consideration in the initial detailed review. The following are considered mandatory criteria:

General System Functions Requirements

The system meets all HIPAA security and confidentiality requirements including Standards for Privacy of Individually Identifiable Health Information. Additionally, system must comply with all CMS and Alabama State Medicaid requirements

Initial Screening, Eligibility Determination, and Enrollment

At a minimum the proposed system must meet the following guidelines as part of the current core system.

- The system assigns Unique Client Identifier (UCI). This is critical to allow for tracking service delivery, claims payment and avoid overlap of service Providers across the State.
- The system allows for alternative methods of searching, identifying and locating an existing client record in the system
- The system allows for HIPAA compliant (270/271) electronic batch updating of the eligible clients, especially for Medicaid.
- The system supports all HIPAA Transaction standards (270, 271, 820, 834, 835, 837P&I, etc.)
- The system allows for placement of eligibility decisions and terminations in a "pending" status and sent by EFT daily.

Provider Network Management

The system supports Providers that operate from multiple locations. The system supports a wide variety of interoperability including EDI and various application interfaces.

Contract Services Management

- The system can determine, at any time, what contract is in effect for a specified service.
- The system supports contracts that have rates or pricing methods that are date sensitive.

Claims Processing

- The system allows a Provider to sign on the ADIDIS and determine:
 1. Client DD and Medicaid eligibility status
 2. Client enrollment status
 3. Determine Claim Status
- The system can receive claims from Providers at gross charges and recalculate the payment amount automatically based on the Provider's contract and then give a detailed recap of the calculation in a format suitable for communicating back to the Provider.
- The system will allow for additional Providers and lines of business to be added at any time to the system

Quality Reporting

- The system captures data on the status of a Provider's certification, which will include:
 1. Approved dates of certification.
 2. Services authorized under certification status.
 3. Number of authorized treatment slots if applicable.
- Certification sanctions and/or restrictions.
- The system captures any/all data that can be easily used to create dash boards.

COST/PRICING PROPOSAL

Pricing will be evaluated off the pricing worksheet(s) only and information contained in any other area of the RFP will not be considered in the evaluation for this section.

- The Cost Proposal will be used as the primary representation of the VENDOR'S cost/price and will be used during the Proposal evaluation.

- Pricing information must be included in the Cost Proposal Section, and only in the Cost Proposal Section; no pricing information may be included in any other Section responses. Inclusion of Cost Proposal information in any other Section may result in the Proposal being considered as non-responsive and may result in disqualification.
- ADMH will only accept firm and fixed cost Proposals for this project. No time-and-materials Proposals will be considered.
- Pricing is to be the best and final price. However, ADMH reserves the right to negotiate options and other considerations with the selected VENDOR to reach a final Contract price.
- VENDORS must submit pricing for proposed solution to be delivered as a full-service model, including the staffing of maintenance and administrative positions for on-going operation. Pricing is to assume ADMH does not have any licenses. The pricing for software licenses will be used in the evaluation. ADMH reserves the right to adjust the licensing cost based on existing license purchases and/or existing ADMH contracts.
- VENDORS must use Attachment 2 - Cost Proposal Template and Attachment 3 Software Proposal Template.
- Cost Proposal Template must be signed by a company officer empowered to bind the VENDOR to the provisions of this RFP and any contract awarded pursuant to it.
- VENDORS must include all expenses, including travel, lodging, and any subcontractor costs when preparing their Cost Proposal.
- Payments will only be made on the successful completion and approval of a deliverable by ADMH.
- The proposed solution's customization should be a best estimate based on information provided within this RFP. The pricing for the proposed solution's customization will be reviewed and taken into consideration during contract negotiations

APPLICATION DEMONSTRATION

Vendors will be asked to present demonstrations of their system solution to further validate the system's capabilities and for ADMH evaluators to ask questions. A script will be provided to all vendors to follow.

Note: Considerations for Covid-19 will be applied for exceptions as needed.

Re-evaluation of the vendor RFP application may be allowed based on information obtained in the system demonstrations.

EVALUATION SELECTION

Proposal Evaluation Categories and Weights

The categories to be considered in the evaluation of proposals are shown below. Each category shall be weighted as follows, and one hundred (100) points is the maximum total number of points that shall be awarded to a Proposal:

Qualifications and Experience	10%
Technical Requirements	30%
Functional Requirements	40%
Pricing	20%

Proposal Evaluation Process

- i. The evaluation process is designed to award the Contract to the VENDOR with the best combination of attributes based upon the RFP requirements and evaluation criteria that constitutes "best value" for ADMH
- ii. The RFP Coordinator will coordinate the proposal evaluation process and maintain proposal evaluation records. An RFP Evaluation Committee, consisting of a broad base of ADMH Subject Matter Experts, will be responsible for evaluating Proposals.
- iii. All Proposals will be initially reviewed by the RFP Coordinator to determine compliance with basic proposal requirements as specified in the RFP. If the RFP Coordinator determines that a Proposal may be missing one or more such requirements, the RFP Evaluation Committee shall review the Proposal to determine:
 - that the Proposal meets requirements for further evaluation.
 - that ADMH shall request further clarification(s) or corrections; or
 - that ADMH shall determine the Proposal non-responsive and reject it.
- iv. The proposal evaluation process will be accomplished as follows:
 - The RFP Evaluation Committee shall evaluate responsive Proposals. The RFP Coordinator will compute the Cost score and final score for each

Proposal. The evaluation scoring shall use the pre-established criteria and weights set out in this RFP.

- v. ADMH reserves the right, at its sole discretion, to request clarifications with any or all VENDORS. The purpose of any such clarifications will be to ensure full understanding of the Proposal. Clarifications will be limited to specific sections of the Proposal identified by the Evaluation Committee or ADMH. If clarifications are made, the VENDOR shall put such clarifications in writing.

Contract Award Process

- i. The RFP Coordinator will present the results from the Proposal evaluation process to the RFP Evaluation Committee; the RFP Evaluation Committee will present their recommendations to the Executive Committee.
- ii. ADMH reserves the right to make an award without further discussion of any Proposal submitted. There may be no best and final offer procedure by ADMH among the VENDORS. Therefore, each Proposal should be initially submitted on the most favorable terms the VENDOR can offer.
- iii. After the evaluation of Proposals and final consideration of all pertinent information available, ADMH will issue an Evaluation Notice to all VENDORS. The notice will identify the VENDOR selected by ADMH. The notice will not create rights, interests, or claims of entitlement in the apparent best-evaluated VENDOR or any VENDOR.
- iv. The RFP files will be made available for public inspection upon written request to the RFP Coordinator after final Contract award. Requestors may not be provided any information marked as "Confidential" submitted by the VENDORS as defined by Section 3.13.
- v. If a VENDOR fails to sign and return the Contract drawn pursuant to this RFP and the final Contract negotiations within thirty (30) days of its delivery to the VENDOR, ADMH may determine, at its sole discretion, that the VENDOR is non-responsive to the terms of this RFP, reject the Proposal, and open final Contract negotiations with another VENDOR.
- vi. Contract award shall be subject to the Contract approval of all appropriate STATE officials in accordance with applicable State laws and

regulations.

- vii. During contract negotiations, ADMH reserves the right to modify the scope of services described within this RFP. Furthermore, ADMH reserves the right to add additional Statement of Works under the resulting Contract.

8. TERMS AND CONDITIONS

The VENDOR specifically is charged with knowledge of the ADMH's specific reservations of rights set out in this RFP and the ADMH's terms and conditions stated herein. By submitting a proposal, the VENDOR affirmatively acknowledges and agrees that the terms and conditions in this section, without any exception unless specified using the process in Section 3.3, shall become part of any contract awarded under this RFP.

ADMH will not be liable to pay the VENDOR for any supplies provided, services performed, or expenses paid related to the contract incurred prior to the beginning of, or after the ending of, the term of the contract.

Selected Vendor, who executes the Contract for service, is contractually responsible for the total performance of the Contract. Subcontracting may be allowable at the sole discretion of ADMH but must be disclosed as a part of the proposal or otherwise approved in advance and in writing by the ADMH. Any approval by ADMH of any subcontract or subcontractor shall not constitute a waiver by the ADMH to consent or approve any other subcontract or subcontractor. Any subcontract shall be subject to the following conditions:

Any sub-vendor providing services required in the RFP or in the Contract will meet or exceed the requirements set forth in the RFP.

ADMH will not be bound to any terms and conditions included in any Vendor or sub-vendor documents. No conditions in sub-vendor documents in variance with, or in addition to, the requirements of the RFP or the awarded contract will in any way affect Selected Vendor's obligations under the Contract.

The VENDOR shall read the provisions listed below and respond with any exceptions the VENDOR takes to any provision.

LIABILITY AND INDEMNIFICATION:

Vendor shall defend in any action at law, indemnify, and hold the ADMH, its officials, agents, and employees harmless against any and all claims arising from the provisions of the Contract, including, without limitation, any and all claims arising from:

1. Any breach or default on the part of Selected Vendor in the performance of the Contract.
2. Any claims or losses related to services Selected Vendor is obligated to perform and/or by any person or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract.
3. Any claims or losses to any persons, including Inmates, injured or property damaged from the acts or omissions of Selected Vendor, its officers, agents, or employees in the performance of the Contract by Selected Vendor.
4. Any claims or losses by any person or firm injured or damaged by Selected Vendor, its trustees, officers, agents, or employees by the publication, translation, reproduction, delivery, performance, use, or disposition of any data processed under the Contract in a manner not authorized by the Contract, or by Federal, State, or local regulations or statutes; and,
5. Any failure by Selected Vendor, its officers, agents, or employees to observe the Constitution or laws of the United States and the State of Alabama.

All costs, reasonable attorneys' fees, and liabilities incurred in or about any such claim, action, or proceeding brought thereon are the responsibility of Selected Vendor. In case any action or proceeding is brought against the ADMH by reason of any such claim, Selected Vendor, upon notice from ADMH, shall defend against such action by counsel satisfactory to ADMH and the Attorney General of the State of Alabama. Said counsel will not enter into any settlement contract with respect to any claim that may affect ADMH without first obtaining approval of ADMH.

In defending ADMH, its officials, agents, and employees, Selected Vendor shall advise and consult with the General Counsel's Office of ADMH which may, in its discretion, enter any legal proceeding on behalf of ADMH, its officials, agents, or employees.

Said obligations shall not be applicable to any claim, injury, death, or damage to property arising solely out of any act or omission on the part of

the ADMH, its officials, agents, servants, or independent vendors (other than Selected Vendor) who are directly responsible to the ADMH.

GOVERNING LAW

VENDOR agrees that the final Agreement shall be governed by and construed in accordance with Alabama law, without giving any effect to the conflict of laws provision thereof.

APPLICABLE LAW

Any resulting contract will be made and entered into in the State of Alabama and shall in all respects be interpreted, enforced and governed under the laws of the State of Alabama. The language of all parts of this contract is intended to and under all circumstances shall be construed as a whole according to its fair meaning and not construed strictly for or against any Party. Any use of the singular or plural number, any reference to the male, female, or neuter gender(s), possessive or no possessive in this Contract shall also be deemed to include the appropriate other whenever the context so suggests or requires.

COSTS ASSOCIATED WITH PROPOSAL

ADMH will not be liable for any of the costs (including travel costs) incurred by a Vendor in preparing or submitting a proposal. ADMH is not liable for costs incurred by the vendor to prepare proposals, perform demonstrations, or conduct presentations or participate in other activities in response to the RFP. Vendors may not collect proposal preparation charges from the DMH in the event of the cancellation of this RFP.

ACCEPTANCE PERIOD

Proposals should remain valid for a period of six months from date of submission. Proposals containing a term of less than six months may be rejected. Vendors will be strictly held to the terms in their proposals.

REJECTION OR SELECTION OF PROPOSALS

ADMH may reject any or all proposals or any portion thereof, advertise for new proposals, proceed to do the work otherwise, abandon the work, or award in whole or in part a contract deemed to be in the best interests of ADMH. Vendors will be held to the terms submitted in their proposals but may be required to reduce costs depending upon aspects of the proposed Project that may be determined by ADMH to be unnecessary.

Vendors who are not awarded the Contract will be notified in writing. The acceptance of a proposal will not diminish ADMH's right to negotiate specific contract terms, including price, with the successful Vendor.

ADMH MAY REJECT ANY PROPOSAL WHERE THE VENDOR TAKES EXCEPTION TO THE TERMS AND CONDITIONS OF THE CONTRACT OR FAILS TO MEET THE STANDARD TERMS AND CONDITIONS, INCLUDING BUT NOT LIMITED TO, STANDARDS, SPECIFICATIONS, AND REQUIREMENTS AS SPECIFIED IN THE RFP.

ADMH MAY REJECT, IN WHOLE OR IN PART, ANY AND ALL PROPOSALS WHERE ADMH, TAKING INTO CONSIDERATION FACTORS INCLUDING BUT NOT LIMITED TO, PRICE AND THE RESULTS OF THE EVALUATION PROCESS, HAS DETERMINED THAT AWARD OF A CONTRACT WOULD NOT BE IN THE BEST INTERESTS OF ADMH.

Should an award be made by ADMH, and prior to execution of a contract, subsequent information indicates that such an award was not in the best interest of the agency; or the parties are unable to come to an agreement on contract terms ADMH reserves the right to rescind said award and either award to another vendor candidate or reject all proposals.

Proposals which contain false or misleading statements, or which provide references that do not support an attribute or condition claimed by the vendor, may at the sole discretion of ADMH be rejected.

FREEDOM OF INFORMATION ACT

Vendors are hereby notified that all information contained in their proposal is subject to the provisions of the Alabama Freedom of Information Act.

FINANCIAL ACCOUNTING AND AUDIT GUIDELINES

The Contractor should maintain accounting records directly related to the performance of the contract. Accounting records shall be maintained in accordance with Federal cost accounting standards and principles. Financial records should include matters of ownership, organization and operation of the organization's financial and/or clinical records. The organization should allow authorized representatives or agents of the State, Federal government, including ADMH to have access to the accounting records upon reasonable notice and at reasonable times during the performance and/or retention period of the contract for purposes of review, analysis, inspection audit and/or reproduction. Copies of any accounting records pertaining to the contract shall be made available by the organization with ten (10) days of receiving a written request from ADMH for specified records.

Financial records pertaining to the contract shall be maintained for seven years following end of the federal fiscal year during which the contract is terminated. However, accounting records pertaining to the contract should be retained until final resolution of all pending audit questions and for one year following the termination of any litigation relating to the contract.

Throughout the duration of the contract term, or until other pending matters are closed, whichever is later, and for a period of seven years after the termination of the contract, each bidder, in accordance with 45 CFR, Part 74.164 (b) shall agree that any authorized individuals of the State, and where federal funds are involved, the Comptroller General of the United States, shall have access to, and the right to examine, audit and excerpt, and transcribe any pertinent books or documents of the organization.

CONTRACTOR ASSURANCES

The selected vendor will be required to assume responsibility for all services offered in their proposal. Further, DD will consider the selected vendor to be the sole point of contact with regard to any subcontractors. In connection with the performance of work under a contract with DD, the contractor should agree not to discriminate against employees or applicants for employment on the basis of race, sex, religion, color, national origin or handicap. The aforesaid provision shall include but not be limited to the following: recruitment or recruitment advertising; employment, upgrading, demotion, or transfer; layoff and selection for training, including apprenticeship, in accordance with rules and regulations promulgated by Federal agencies (Compliance Responsibility for Equal Employment Opportunity – Chapter 60-1, 4, Nos. 1-7) and State () and related Federal and State laws and regulations.

CONSENT TO JURISDICTION AND VENUE

This Agreement shall be governed by the laws of the State of Alabama as to interpretation, construction, and performance.

INDEPENDENT CONTRACTOR

VENDOR acknowledges that it is an independent contractor, and neither the VENDOR nor its employees or subcontractors are to be considered employees of STATE or entitled to benefits under the State of Alabama Merit System.

NOT A DEBT OF THE STATE OF ALABAMA

It is agreed that the terms and commitments contained therein shall not be constituted as a debt of the State of Alabama in violation of Article 11,

Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26.

CONFLICTS WITH LAW

It is further agreed that if any provision of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void.

SOLE REMEDY

VENDOR's sole remedy for settlement of any and all disputes arising under the terms of this Agreement shall be limited to filing a claim with the Board of Adjustments for the State of Alabama.

OPEN RECORDS

VENDOR acknowledges that ADMH may be subject to Alabama open records laws or similar State and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in VENDOR's proposal or final Agreement, VENDOR acknowledges and agrees that ADMH may comply with those laws without violating any provision of VENDOR's proposal or final Agreement.

IMMIGRATION

VENDOR agrees that by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

INSURANCE COVERAGE:

1. Selected Vendor shall continuously maintain and pay for such insurance to protect Selected Vendor, the State, ADMH, its officers, agents, and employees from all claims including, but not limited to, death and claims based on violations of civil rights, arising from the services performed under the Contract, and actions by a third party against Selected Vendor as a result of the Contract. Coverage required must also include,

but not be limited to, Comprehensive General Liability, Worker's Compensation, and Employee's Liability. Before signing the Contract, Selected Vendor must file with the ADMH a certificate from Selected Vendor's insurer showing the amounts of insurance carried and the risk covered thereby. Selected Vendor must carry general liability insurance coverage with a combined single limit of one hundred and fifty thousand dollars (\$150,000) for personal injury and property damage that incorporates said coverage for all of Selected Vendor's employees and sub-vendors. This coverage is required to extend to services performed at Selected Vendor's facility.

2. Selected Vendor will also maintain public liability, casualty, and auto insurance in sufficient amounts to protect ADMH from liability for acts of Selected Vendor and risks and indemnities assumed by Selected Vendor in accordance with State law. If Selected Vendor does not have minimum coverage for bodily injury – including two hundred fifty thousand dollars (\$250,000) per person and five hundred thousand dollars (\$500,000) per occurrence and, for property damage, one hundred thousand dollars (\$100,000) per occurrence – Selected Vendor must inform the ADMH and seek written permission for lesser coverage.
3. All general liability insurance policies required under this Contract must name ADMH as being an additional insured or loss payee and as entitled to all notices under the general liability policies. All certificates of insurance shall contain the following provision: "The coverage provided shall not be canceled, reduced, or allowed to lapse unless and until ADMH] has received at least ten (10) days written notice." At least thirty (30) days prior to each policy anniversary date, Selected Vendor shall provide ADMH with renewal information and any changes in coverage. This term shall not apply to coverage relating to Worker's Compensation.
4. Vendor is currently enrolled with the Department of Homeland Security ("DHS") in the E-verify system and will not knowingly hire or continue to employ a person(s) who are not either citizens of the United States or person(s) who are not in proper and legal immigration status authorizing them to be employed for pay in the United States.
5. Vendor will include a provision in all subcontracts that requires all subcontractors to utilize the E-Verify system to verify employment eligibility of all persons employed during the contract term. If requested, subcontractor must provide documentation as identified above.

HOLDBACK

ADMH] will hold back an amount of twenty percent (20%) of payments based upon completion of deliverables. Upon completion of all deliverables, ADMH must accept the final deliverable to trigger the payment of the holdback monies. The holdback will be in force for the life of the contract. A breach of the contract by the Selected Vendor will cause the holdback monies to become unpayable.

CONTRACT TERMINATION

ADMH reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon thirty (30) days written notice to Selected Vendor. Any contract cancellation notice shall not relieve Selected Vendor of the obligation to return any and all documents or data provided or generated as a result of any resulting contract.

ADMH may terminate any contract resulting from this RFP in the event of:

- Any breach of the contract that, if susceptible of being cured, is not cured within fifteen (15) days of the ADMH giving notice of breach to Selected Vendor including, but not limited to, failure of Selected Vendor to maintain covenants, representations, warranties, certifications, bonds, and insurance.
- Commencement of a proceeding by or against Selected Vendor under the United States Bankruptcy Code or similar law, or any action by Selected Vendor to dissolve, merge, or liquidate.
- Material misrepresentation or falsification of any information provided by Vendor in the course of any dealing between ADMH and Vendor or between Vendor and any State agency, to include information provided in Vendor's proposal.
- For the unavailability of funds appropriated or available to ADMH. ADMH will use its best efforts to secure sufficient appropriations to fund the awarded contract. However, obligations of ADMH hereunder will cease immediately, without penalty or further payment being required, if the Alabama Legislature fails to make an appropriation sufficient to pay such obligation. ADMH will determine whether amounts appropriated are sufficient. The ADMH will give Selected Vendor notice of insufficient funding as soon as practicable after the ADMH becomes aware of the insufficiency. Selected Vendor's obligation to perform will cease upon receipt of the notice; and,

For convenience of ADMH If ADMH terminates for convenience, ADMH will pay Selected Vendor for services satisfactorily provided and for authorized expenses incurred up to the time of termination.

ACCESS TO FACILITIES

VENDOR and its employees or agents shall have the right to use only those facilities of ADMH that are necessary for its performance of services under this Contract and shall have no right of access to any other facilities of ADMH.

OPEN TRADE

In compliance with Section 41-16-5 Code of Alabama (1975), the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

BRIBERY CONVICTIONS

Vendor certifies compliance, or agreement to comply, with the following legal requirement and that it is not barred from being awarded a contract or subcontract due to a violation of these requirements or an inability or unwillingness to comply with these requirements:

a) No person or business entity will be awarded a contract or subcontract if that person or business entity:

1. Has been convicted under the laws of Alabama, or any other state, of bribery or attempting to bribe an officer or employee of the State of Alabama or any other state in that officer's or employee's official capacity; or
2. Has made an admission of guilt of such conduct that is a matter of record but has not been prosecuted for such conduct.

b) No business will be barred from contracting with ADMH as a result of the bribery conviction of any employee or agent of the business if the employee or agent is no longer employed by the business, and:

1. The business has been finally adjudicated not guilty; or,
2. The business demonstrates to ADMH that the commission of the offense was not authorized, requested, commanded, or performed by a director, officer, or a high managerial agent on behalf of the business.

c) When an official, agent, or employee of a business committed the bribery or attempted bribery on behalf of the business and pursuant to the direction or authorization of a responsible official of the business, the business will be chargeable with the conduct.

FELONY CONVICTION

No person or business entity, or officer or director of such business entity, convicted of a felony is eligible to do business with ADMH from the date of conviction until three (3) years after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutorial office for the facts upon which the conviction was based continues to have any involvement with the business.

INDUCEMENTS

Any person who offers or pays any money or valuables to any person to induce him/her not to submit a proposal on the RFP is guilty of a felony. Any person who accepts money or other valuables for not submitting a proposal on the RFP, or who withholds a proposal in consideration of the promise for the payment of money or other valuables, is guilty of a felony. Vendor certifies that it will not take part in any such conduct.

REPORTING ANTICOMPETITIVE PRACTICES

When, for any reason, Vendor or a designee suspect collusion or other anticompetitive practice among any vendors or employees of ADMH, a notice of the relevant facts will be transmitted to the Alabama Attorney General and ADMH Commissioner's Office. This includes reporting any chief procurement officer, State purchasing agency, designee, or executive officer who willfully uses or allows the use of specifications, requests for proposal documents, proprietary competitive information, proposals, contracts, or selection information to compromise the fairness or integrity of the procurement or contract process, or any current or former elected or appointed State official or State employee who knowingly uses confidential information, available only by virtue of that office or employment, for actual or anticipated gain for themselves or another person.

CONFIDENTIALITY AND USE OF WORK PRODUCT:

a) Any documents or information obtained by Vendor from ADMH in connection with this RFP or the Contract will be kept confidential and will not be provided to any third party unless ADMH approves disclosure in writing. All work products produced under the RFP including, but not limited to, documents, reports, information, documentation of any sort, and ideas, whether preliminary or final, will become and remain the property of ADMH. Any patent, copyright, or other intellectual ideas, concepts, methodologies, processes, inventions, and tools (including computer hardware and software, where applicable) that Selected Vendor previously developed and brings to

ADMH in furtherance of performance of the resulting contract will remain the property of Selected Vendor. Selected Vendor grants to ADMH a nonexclusive license to use and employ such software, ideas, concepts, methodologies, processes, inventions, and tools solely within its enterprise.

b) Selected Vendor will, at its expense, defend ADMH against all claims, asserted by any person, that anything provided by Selected Vendor infringes a patent, copyright, trade secret, or other intellectual property right and will, without limitation, pay the costs, damages, and attorney fees awarded against ADMH in any such action, or pay any settlement of such action or claim. Each party agrees to notify the other promptly on any matters to which this provision may apply and to cooperate with each other in connection with such defense or settlement. If a preliminary or final judgment is obtained against ADMH for its use or operation of the items provided by Selected Vendor hereunder, or any part thereof, by reason of any alleged infringement, Selected Vendor will, at its expense, either:

1. modify the item so that it becomes non-infringing.
2. procure for ADMH the right to continue to use the item.
3. substitute for the infringing item other item(s) having at least equivalent capability; or
4. refund to ADMH an amount equal to the price paid, less reasonable usage from installation acceptance through cessation of use, which amount will be calculated on a useful life not less than five (5) years, and plus any additional costs ADMH may incur to acquire substitute supplies or services.

WARRANTY:

a) Vendor warrants that all services will be performed in a good and professional manner.

b) Vendor warrants that it has the title to, or the right to allow ADMH to use, the supplies and services being provided and that ADMH will have use of such supplies and services without suit, trouble, or hindrance from Vendor or third parties. This is to ensure that no infringements, prohibitions, or restrictions are in force that would interfere with the use of such supplies and services that would leave ADMH liable.

COMPLIANCE

All work completed under the resulting contract must be in compliance with all applicable federal, state, and local laws, rules, and regulations. Vendor certifies that it is in compliance, and will remain in compliance, with all

federal, state, and local laws as well as all pertinent ADMH regulations in the performance of any prospective contract including, but not limited to, the following, if applicable:

- a) Comply with the provisions of the Civil Rights Act of 1964.
- b) Comply with the nondiscrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to Equal Employment Opportunity for all persons with regard to race, color, religion, sex, or national origin, and the implementing rules and regulations prescribed by the Secretary of Labor.
- c) Comply with Section 504 of the Federal Rehabilitation Act of 1973 as amended (29 U.S.C. 794), the requirements imposed by the applicable H.E.W. regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.
- d) Refrain from unlawful discrimination in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination.
- e) Comply with the regulations, procedures, and requirements of ADMH concerning equal employment opportunities and affirmative action.
- f) Provide such information with respect to its employees and applicants for employment.
- g) Have written sexual harassment policies that comply with ADMH's policy, to include, at a minimum, the following information:
 - 1. the illegality of sexual harassment.
 - 2. the definition of sexual harassment.
 - 3. Vendor's internal complaint process, including penalties.
 - 4. the legal recourse, investigative, and complaint process available through Vendor.
 - 5. directions on how to contact Vendor; and
 - 6. protection against retaliation.
- h) Vendor will maintain a drug-free workplace. Vendor certifies that no individual engaged in the unlawful manufacture, distribution, dispensation, possession, or use of any illegal drug or controlled substance will be eligible for employment by Vendor under the resulting contract.

- i) Vendor acknowledges and understands that any employee or subcontractor will be subject to, and will comply with, all security regulations and procedures of ADMH.
- j) All Selected Vendor employees or subcontractors who may enter any ADMH facility are subject to a background check and security check of his/her person and personal property (including his/her vehicle) and may be prohibited from entering the facility in accordance with ADMH regulations. Additionally, any Selected Vendor employee found to have violated any security regulation may be barred from entering any ADMH facility.
- k) Vendor must have appropriate certifications, permits, and licenses in accordance with State and Federal law. The Vendor and its subcontractors will be responsible for obtaining any and all required governmental permits, consents, and authorizations and payment of all taxes. If at any time during this procurement process or throughout the Contract term, Vendor's certification, permit, or license is revoked, suspended, is on probation, or otherwise is in jeopardy by any relevant authority, Vendor is under an ongoing obligation to report this status to ADMH.
- l) Vendor shall comply with Alabama Code Section 14-11-31, as well as 28 C.F.R. Part 115, the Prison Rape Elimination Act ("PREA"). ADMH has a Zero Tolerance Policy toward all forms of custodial sexual misconduct, sexual abuse, and sexual harassment. See Administrative Regulation 454, Inmate Sexual Assault and Harassment Awareness (Prison Rape Elimination Act (PREA)). Any type of conduct – including suspected conduct – that falls within the context of custodial sexual misconduct/sexual abuse, as defined by either the State or Federal laws referenced above, shall be reported immediately to the Warden of the responsive Prison or Division Director his/her designee.

9. ATTACHMENTS

ATTACHMENT 1 - CERTIFICATE OF COMPLIANCE

VENDOR Organization Name

By indication of the authorized signature below, the VENDOR does hereby make certification and assurance of the VENDOR'S compliance with:

1. The laws of the State of Alabama.
2. Title VI of the Civil Rights Act of 1964.
3. The Equal Employment Opportunity Act and the regulations issued there under by the federal government.
4. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
5. The condition that the submitted Proposal was independently arrived at, without collusion, under penalty of perjury.
6. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Alabama as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the VENDOR in connection with the procurement under this RFP.
7. The condition that if selected workmen's compensation insurance will be provided as required by the laws of Alabama.
8. The State of Alabama VENDOR Disclosure form.
and
9. Other terms and conditions as described in the Attachments as they apply.

VENDOR Name, Authorized Signature, Title, and Date

*Costs must be shown in U.S. dollars

VENDOR:					
Authorized Signature:				Date:	
Line item (e.g.: Project Management, Testing, Training, Maintenance, Hosting, etc.)	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost
Annual TOTAL Cost*					
TOTAL 5 Year Life-Cycle Cost*					

ATTACHMENT 3 - SOFTWARE PROPOSAL TEMPLATE

Complete Solution: License Model/Type must include brand, version number, unit pricing, licensing type, etc. Show numbers of licenses required under “QTY”.			
Company:			
Date:			
Authorized Signature:			
Application Software			
Software Module	QTY	License Model/Type & Price	Functionality Addressed
Third Party Software			
(Including reporting, conversion tools, data cleansing, data/application monitoring, etc.)			
Brand Name & Version	QTY	License Model/Type & Price	Limitations or Additional Considerations

ATTACHMENT 4 - KEY POSITION RESUME SHEET

This form must be used to respond to Section Vendor Qualifications and Experience – Key Positions. For each named individual a separate Key Position Resume Sheet must be submitted.

VENDOR Organization: _____ **Key Position:** _____

Candidate:

Full Name: Last Name First Name MI

Address Street: City: State: Zip:

☐ U.S. Citizen ☐ Non-U.S. Citizen Visa Status:

Status: ☐ Employee ☐ Subcontractor (Name: _____) ☐ Other:

Education:

Mark level completed	HS/GED <input type="checkbox"/>	Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>	Master <input type="checkbox"/>	Doctoral <input type="checkbox"/>
List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary					
School Name		Degree/Major	Degree Earned	Year Received	

Work Experience:

Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. **To add work experience, copy the format below and add additional sheets as needed.**

Work Experience #:		
Job Title:		
From	To	Reason for Leaving:
Describe your duties and responsibilities as they relate to the Request for Proposal:		

References:

List 3 References below.

Reference 1		
Name	Title	Organization
Address	Phone () -	E-mail Address

Reference 2		
Name	Title	Organization
Address	Phone () -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone () -	E-mail Address

Candidate and VENDOR Certification

By submitting this data sheet to ADMH, the Candidate and VENDOR certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to the STATE may be investigated.

By submitting this data sheet to ADMH, the Candidate and VENDOR certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this VENDOR. Any candidate that is submitted by more than one VENDOR for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the VENDOR.

Authorized Signature

Date

Page Initially left Blank

Vendor - Security Questionnaire

VENDOR Name:
Date:
Designated Security Official Signature:
Title:
Factors:

		YES/NO	Comments
	I. Security Policy		
	A. Policy		
1	Is there a corporate information security policy in place? If yes, provide as an attachment.		
2	Does the policy state what is and is not permissible as it pertains to sensitive company and customer information?		
3	Does the policy identify what is classified as sensitive company and customer information?		
4	Does the policy identify management and employee responsibilities including subcontractors?		
5	Does the policy identify acceptable use of employee-owned devices such as laptops, smart phones, and any other form of device capable of storing data?		

		YES/NO	Comments
6	Does the policy address requirements for change management procedures?		
7	Does the policy address acceptable use of portable media to prevent malware from being introduced onto the corporate network and storage of confidential data? (e.g., thumb drives, CDRW, etc.)		
8	Does the policy address onboarding and termination procedures for personnel?		
B. Procedures			
1	Are procedures and dedicated security personnel in place to implement the information security policy?		
2	Are the procedures and standards evaluated to determine their level of impact to the business process?		
3	Does the project management methodology uphold the security practices and goals of the Information Security Program?		
C. Document Handling			
1	Is there a reasonable and usable information classification policy?		
2	Does the information classification policy address all enterprise information?		
3	Is an information classification methodology in place to assist employees in identifying levels of information within the business unit?		
4	Is there an information handling matrix that explains how specific information resources are to be handled?		

		YES/NO	Comments
	II. Corporate Practices		
	A. Organizational Suitability		
1	Is there an executive level committee assigned to communicate and report on security risks to the organization?		
2	Are employees able to perform their duties efficiently and effectively while following security procedures?		
3	Does the information security program have its' own line item in the budget?		
4	Does the security group have the authority to submit needed security policy changes throughout the enterprise?		
5	Is an annual report on the level of information security compliance issued to management? If yes, please provide a copy.		
6	Is there more than one person responsible for the implementation of the Information Security Program?		
	B. Personnel Issues		
1	Are personnel required to have nationwide background check performed as part of the Information Security or Human Resources Policy? Please provide a copy of the VENDOR's Human Resources Policy if it is not part of the requested security policy in I-A-1.		
2	Are contractors, subcontractors, and temporary staff subject to the same background check requirements?		
3	Are employees and project managers aware of their responsibilities for protecting information resources via written policy?		
4	Are technical employees formally trained to perform their tasks?		

		YES/NO	Comments
5	Are contract personnel subject to confidentiality agreements?		
6	Are contract personnel subject to the same policies employees are?		
7	Is access to confidential information by contract personnel monitored by the VENDOR?		
8	Does the VENDOR's employment application ask a prospective employee if they have ever been convicted of a crime? If so, does the proposing firm employ individuals with felony and/or misdemeanor convictions?		
9	Are prior employment verifications performed for initial employment?		
10	Are there any current or pending litigation against staff, former staff, or contract staff regarding corporate espionage, identity theft, or any other areas regarding the security or privacy of confidential information?		
	C. Training and Education		
1	Do employees receive security related training specific to their responsibilities? If yes, please attach a sample.		
2	Are employees receiving both positive and negative feedback related to security on their performance evaluations?		
3	Is security-related training provided periodically to reflect changes and new methods?		
4	Are system administrators given additional security training specific to their jobs?		
	D. Oversight and Auditing		
1	Are the security policies and procedures routinely tested?		

		YES/NO	Comments
2	Are exceptions to security policies and procedures justified and documented?		
3	Are audit logs or other reporting mechanisms in place on all platforms?		
4	When an employee is found to be non-compliant with security policies, is appropriate disciplinary action taken?		
5	Are information security audits performed on an annual basis?		
6	Are unscheduled/surprise audits performed?		
7	Has someone been identified as responsible for reconciling audits?		
8	Does either an internal or external auditor independently audit VENDOR's operational controls on a periodic basis?		
9	Is an independent review carried out in order to assess the effective implementation of security policies?		
10	Can the VENDOR provide evidence of having gone through a recent audit of their organization's operational policies, procedures, and operating effectiveness? Please provide copies of the most recent audits.		
11	Has VENDOR experienced a security breach of corporate or customer data within the last 10 years? If yes, please provide additional information regarding the breach.		
12	Is there any concluded or pending litigation against the VENDOR or an employee related to a contract engagement or a security breach?		
13	Does VENDOR have a change management committee? Does it meet on regularly scheduled intervals?		
	E. Application Development and Management		

		YES/NO	Comments
1	Has an application development methodology been implemented?		
2	Are appropriate/key application users involved with developing and improving application methodology and implementation process?		
3	Is pre-production testing performed in an isolated environment?		
4	Have promotion to production procedures been implemented?		
5	Are secure coding standards implemented and are they followed?		
6	Are applications tested for security vulnerabilities prior to being released to production? Please provide a sample of the tests performed.		
7	Is there a dedicated security team for testing applications for vulnerabilities?		
8	Are there procedures in place for protecting source code developed by the VENDOR (physically and electronically)?		
9	Is system access and security based on the concept of least possible privilege and need-to-know?		
10	Does VENDOR perform source code reviews for each release?		
11	Are backdoors prevented from being placed into application source code?		
	III Physical Security		
	A. Physical Security of Vendor Facilities		
1	Is access to corporate building(s) where company and customer information resides controlled?		

		YES/NO	Comments
2	Is access to computing facilities restricted to staff based on their job duties?		
3	Is there an additional level of control for after-hours access?		
4	Is there an audit log to identify the individual and the time of access that is monitored by a group other than Information Technology?		
5	Are systems and other hardware adequately protected from theft?		
6	Are procedures in place for proper disposal of confidential information?		
7	Are proper fire suppression systems located in the facility?		
8	Are computing facilities located more than 5 miles from a government facility or airport (high risk areas)?		
9	Are the servers and facilities that house software documentation and programming logic located in a secure facility?		
10	Is all confidential and restricted information marked as such and stored in a secure area (room, cabinet) with access restricted to authorized personnel only?		
11	Does VENDOR allow employees to work remote or in a virtual environment? If yes, please provide documentation around controls for safeguarding computer systems and data in a virtual work environment. (Example: use of paper shredders to ensure confidential information is protected from disclosure)		
	B. After-Hours Review		
1	Are areas containing sensitive information properly secured?		
2	Are workstations secured after-hours such as screen lock out policy?		

		YES/NO	Comments
3	Are keys and access cards properly secured for open access areas?		
4	Is confidential information properly secured from cleaning crews?		
5	Are contract cleaning crews activities monitored?		
	C. Incident Handling		
1	Has an Incident Response Team (IRT) been established?		
2	Have employees been trained as to when the IRT should be notified?		
3	Has the IRT been trained in evidence gathering and handling?		
4	Are incident reports issued to appropriate management?		
5	After an incident, are policies and procedures reviewed to determine if modifications need to be implemented?		
6	Does the VENDOR have a process in place to notify IT security of a potential breach and/or other security problems to ensure proper notification and correction can be performed?		
	D. Contingency Planning		
1	Has a Business Impact Analysis been conducted on all systems, applications, and platforms?		
2	Is there a documented data center Disaster Recovery Plan (DRP) in place?		
3	Are backup media passwords protected or encrypted?		
4	Has the data center DRP been tested within the past 12 months?		
5	Are system, application, and data backups sent to a secure off-site facility on a regular basis?		

		YES/NO	Comments
6	Are Service Level Agreements that identify processing requirements in place with all users and service providers?		
7	Have departments, business units, groups, and other such entities implemented business continuity plans that supplement the data center DRP?		
8	Have Emergency Response Procedures (ERP) been implemented?		
9	Have ERPs been tested for effectiveness?		
	IV. Business Impact Analysis, Disaster Recovery Plan		
	A. General Review		
1	Backup planning includes identification of all critical data, programs, documentation, and support items required performing essential task during recovery?		
2	The BIA is reviewed and updated regularly with special attention to new technology, business changes, and migration of applications to alternative platforms?		
3	Critical period timeframes have been identified for all applications and systems?		
4	Senior management has reviewed and approved the prioritized list of critical applications?		
	B. Disaster Recovery Plan (DRP)		
1	A corporate disaster recovery plan coordinator has been named and a mission statement identifying scope and responsibilities has been published?		
2	A "worst-case" scenario DRP to recover normal operations within the prescribed timeframes has been implemented and tested?		

		YES/NO	Comments
3	Listing of current emergency telephone numbers for police, fire department, medical aid, and company officials are strategically located throughout the facility and at off-site locations?		
4	The backup site is remote from hazards that endanger the main data center?		
5	Contracts for outsourced activities have been amended to include service providers' responsibilities for DRP?		
6	Lead times for communication lines and equipment, specialized devices, power hookups, construction, firewalls, computer configurations, and LAN implementation have been factored into the DRP?		
7	Contingency arrangements are in place for hardware, software, communications, software, staff and supplies to meet DRP requirements?		
8	Customer software solutions that are being developed and/or in production are backed up as part of the VENDOR's backup and recovery procedures?		
	C. Testing		
1	Backup and recovery procedures are tested at least annually?		
2	Training sessions are conducted for all relevant personnel on backup, recovery, and contingency operating procedures?		
3	Appropriate user representatives have a particular role in creating and reviewing control reliability and backup provisions for relevant applications?		
4	Appropriate user representatives participate in the DRP tests?		

		YES/NO	Comments
5	Insurance coverage for loss of hardware and business impact is in place?		
	V. Technical Safeguards		
	A. Passwords		
1	Are host systems and servers as well as application servers secured with unique passwords?		
2	Are default accounts de-activated?		
3	Are temporary user accounts restricted and disabled within 24 hours?		
4	Are the password management systems forcing personnel to change passwords every 90 days or less?		
5	Are users of all company-provided network resources required to change the initial default password?		
6	Are the passwords complex? Contain upper case, lower case, special character or number, and at least 8 characters long.		
7	Do network and system administrators have adequate experience to implement security standards?		
8	Are reports and logs pertaining to network users reviewed and reconciled on a regular basis?		
9	Are permissions being set securely based on employee job responsibility?		
10	Are administrators assigned a unique ID for access to critical systems?		
	B. Infrastructure		
1	Is the network infrastructure audited on an annual basis?		

		YES/NO	Comments
2	Are network vulnerability assessments conducted on an annual basis?		
3	Are changes/improvements made in a timely fashion following network vulnerability assessments?		
	C. Firewalls		
1	Are protocols allowed to initiate connections from "outside" the firewall?		
2	Has a risk analysis been conducted to determine if the protocols allowed maintain an acceptable level of risk?		
3	Has the firewall been tested to determine if outside penetration is possible?		
4	Are other products in place to augment the firewall level security?		
5	Are the firewalls maintained and monitored 24/7?		
6	Have services offered across the firewall been documented?		
7	Has a Demilitarized Zone (DMZ) or Perimeter Network been implemented?		
8	Has the firewall administrator been formally trained?		
9	Is there more than one person administering the firewall?		
	D. Data Communications		
1	Is there a remote access procedure in place?		
2	Is there a current network diagram?		
3	Are Access Control List (ACLs) maintained on a regular basis?		
4	Is the network environment segmented from host where there is no business or IT requirement to communicate with other host?		

		YES/NO	Comments
5	Does the communication equipment log administrative access to the systems?		
6	Is SNMP data collected from the data communication devices?		
7	Is syslog data collected from the data communication devices?		
8	Are there standard templates for configuring routers?		
9	Are there standard templates for configuring switches?		
	E. Databases		
1	Are default database passwords changed?		
2	Are database administrators trained or certified?		
3	Are database backups performed daily?		
	F. Computing Platforms		
1	Are critical servers protected with appropriate access controls?		
2	Does development staff have administrator rights on computers used for writing source code?		
3	Is there a company image used for corporate PCs and laptops?		
4	Does the company have an asset management system to track software installed?		
5	Is there an anti-virus application installed on all PCs, laptops, and servers?		
6	Does the anti-virus application automatically update computing assets 3 times or more per day?		
7	Is there a URL filtering solution in place?		
8	Are Internet facing servers protected with host based intrusion prevention?		

		YES/NO	Comments
9	Are employees including employees who may work remotely restricted to what can be installed on their computer systems?		
10	Do any of the VENDOR's computer systems including storage reside on a cloud computing environment not owned by the VENDOR?		
	G. Intrusion Prevention		
1	Is host based intrusion prevention software installed on all Internet facing servers and monitored 24/7/365?		
2	Are network based intrusion prevention systems in-line and defending?		
3	Is there a dedicated security staff monitoring security alerts 24/7/365?		
	VI. Telecommunications Security		
	A. Policy		
1	Is there a published policy on the use of organizational telecommunications resources?		
2	Have all employees been made aware of the telecommunications policy?		
3	Employees authorized for Internet access are made aware of the organization's proprietary information and what they can discuss in open forums?		
4	Are corporate devices such as iPhones or Android based phones centrally managed by the VENDOR to control rogue software installations and protect sensitive data?		
	B. Standards		
1	Is there a threshold established to monitor and suspend repeated unsuccessful dial-in or remote access attempts?		

		YES/NO	Comments
2	Access to databases reachable via remote access or VPN have access controls in place to prevent unauthorized access?		
3	Financial applications available via remote access or VPN have audit trails established to track access and transaction usage?		
4	Are audit trails reviewed and corrective action taken on a regular basis?		
5	When possible are ACL security programs used to control dial-in or remote access to a specific application?		
6	Company proprietary data stored on portable computers are secured from unauthorized access?		
7	Are corporate emails allowed to be sent from unique domains not used by the VENDOR such as Gmail or Microsoft Email?		
	C. Practices		
1	Personnel independent of the operations staff and security administration review tamper-resistant logs and audit trails?		
2	Employees are made aware of their responsibility to keep remote access codes secure from unauthorized access and usage?		
3	Removal of portable computers from the corporate locations must be done through normal property removal procedures?		
4	Employees are briefed on their responsibility to protect the property of the company when working away from the corporate environment?		

ATTACHMENT 6 – FUNCTIONAL WORKSHEET

Functional Requirements identified herein request a response to each requirement/desired attribute using the method below. When responding, the vendor is instructed to use the following descriptions and approach when constructing their response to the requirement/desired attribute.

Column	Description
Vendor Code	The vendor should indicate whether the proposed system provides the functionality identified in the requirement/desired attribute using the appropriate Vendor Code (1-5)
Source	<p>If the proposed system meets the requirement/desired attribute, the vendor should indicate a source. Valid Source responses include:</p> <p>A – Functionality is present with no customization needed or 3rd party integration</p> <p>B – Customizations needed to fully satisfy requirement (programming needed in any form)</p> <p>C – Third party integration is in place/will be in place to satisfy requirement. When selecting this response, the vendor should provide the name of the third-party vendor being utilized in the response section</p>
Vendor Response	The vendor should provide a description of how the solution meets the requirement. References to supporting documentation is allowed, however, it must be specific and can only be used to support the response given.
There are several sections that have the vendor's response columns shaded. The vendor is not expected to provide a response to any requirements that have the vendor's response columns shaded.	

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
1. INITIAL SCREENING, ELIGIBILITY DETERMINATION AND ENROLLMENT				
1	The system assigns a Unique Client Identifier (UCI). This is critical to allow for tracking service delivery, claims payment and avoid overlap of services. The ADIDIS system blocks the creation of duplicate UCIs. The system assigned UCI coincides with the clients' SSN			
2	The system resolves duplicate UCI numbers. When the UCI is entered into the client's record, the ADIDIS system checks for duplication and alerts the user. Only the system administrator(s) is given rights to correct UCI duplication.			
3	The system establishes a client record in the ADIDIS system upon completion of the initial screening process. Enrollment information will be directly entered into the system. There, the data will be stored for user defined reporting and data analysis functions, as, billing, service authorization, service utilization, etc. Initial information should include client name, address, telephone number, date of birth, sex, relative contact information, and social security number. Some of this data, once completed, should convert to read-only and the user will not be able to change without requesting it from the DD Division's central office staff.			
4	The system captures address including county of residence. Address should be linked to a mapping application like Google Maps only in a HIPAA compliant manner;			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
5	The system allows for alternative methods of searching, identifying and locating an existing client record in the system including the following: Partial Name, First or Last Name Aliases Date of Birth Social Security Number Unique Client Identifier (UCI), Medicaid Recipient ID Number			
6	The system can support AKA (aliases) as a method of identifying a client record.			
7	The system can store and retrieve client information on referral and screening for clients not enrolled in services. Explain how information is identified. Do the people screened need to be assigned a UCI? Are they assigned a UCI but designated as inactive? Describe how the system handles these cases.			
8	The system allows for HIPAA compliant electronic batch updating of the eligible clients, especially for Medicaid. – Specify formats supported. For instance, an 837 for the billing.			
9	The system incorporates the results of the Medicaid eligibility checking in real time for each client's eligibility and updates payor record so that claims are sent to the appropriate payor			
10	The system allows for on-line access to check eligibility and enrollment status			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
11	The system supports all EDI Transaction standards (270, 271, 835, 837, etc.) Please note any that your system can NOT support.			
12	Explain how the system records information on clients that have breaks in their eligibility periods. For example, a client might be Medicaid eligible from January to June, off Medicaid from July to October and then Medicaid eligible from November to December; or a client might become ineligible for one service but become eligible for another during the period or become eligible after the period ends.			
13	System can capture and report on the following dates critical for State reporting: Date of service request, Date of screening, Date of first service			
14	The system accepts multiple approaches to identification, including aliases. If a match is found, the system will return an ID number, specified client data, authorizations, services, etc.			
15	The system can retrieve and display all previous client encounters with the DD service delivery system			
16	The system connects the client Support Coordination Agencies. Explain how the connection works. Explain how transferring client to different Support Coordination agencies works.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
17	The system can capture the Client name and demographic data information. Explain how the system handles historical data elements and what, if any, control providers will have over determining that records can be selected for historical or longitudinal storage, what changes trigger the generation of historical data, and what flexibility is available in defining and changing triggers.			
18	The system allows for additional data elements and custom screens to be added. Explain the capabilities and limitations of adding data elements and screens including reporting.			
19	The system can permit or prevent multiple current enrollments based upon DD defined criteria.			
20	The system allows DD and Providers access according to security granted to check ADIDIS for a client's eligibility and enrollment status. Explain other features of the system to which the Providers might be granted access and the benefits of those features			
21	The system allows online access to Alabama's Medicaid eligibility system for real-time eligibility checking.			
22	The system can generate reports that include (and records any staff access to the system, by date)			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> •The client's status relative to clinical, authorizations, services, claims and claim payments, Wait List status, Waiver information, etc. •Last contact date •The client's current Medicaid eligibility status. •The client's Wait List status at the end of the initial enrollment. •The ability for DD to determine how many people presented for services and were screened and their disposition after screening. •Provider reports of authorizations, claim submissions, payments, and reconciliation. •Utilization reporting •Provider services rendered. 			
23	The system generates, prints and exports standard and ad hoc reports.			
24	The system retrieves client information and prints annual eligibility notifications and mail labels.			
25	The system records that a "Consent for Disclosure" form is signed and on file.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
2. ASSESSMENT, NEEDS DETERMINATION, LEVEL OF CARE, ASSIGNMENT, INTAKE				
1	The system identifies and tracks all waiver slots available within the system on a real-time basis.			
2	The system captures a clinical determination for level of care that will assist in assigning appropriate initial level of services.			
3	The system captures the result of the placement assessment in the client's record.			
4	The system has the capability to have this assessment online through ADIDIS and to be available for use by staff (DD or Provider) who are performing assessments.			
5	Output from this assessment information can be formatted into a report that can be electronically transmitted to service Providers.			
6	<p>The system records the client's status or disposition at the end of placement assessment as, but not limited to:</p> <ul style="list-style-type: none"> • Person Waiting • Services Provided 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> Services Not Needed/Wanted Person Not Found, No Knowledge of Whereabouts Person Deceased Person Ineligible Due to Level of Care Person on List, Needs Not Critical now Person Can Be Found, Need to Track Person Ineligible Due to Income/Resources Person Ineligible Due to Institutionalization Duplicate 			
7	<p>Reports can be generated to capture (for example):</p> <p>How many people received assessments and their Wait List disposition? How many who received assessments then received services?</p>			
8	<p>Once the individual has been deemed eligible for the waiver and placed into service status, the system must create, maintain, and generate history of active and inactive client records to ensure accurate use of Medicaid funds to support needed DD services.</p>			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
3. UTILIZATION MANAGEMENT				
1	The system identifies and tracks all waiver slots available within the system on a real-time basis.			
2	The system maintains a real-time system waiting list.			
3	The waiting list can be sorted by user defined criteria.			
4	The system can determine the number of individuals awaiting waiver services at any point in time and the specific services for which they are waiting and identify trends over time.			
5	DD staff have access to the waiting list according to role based security			
6	The system can provide for automatic updates to the waiting list when clients are enrolled in a service			
7	The system can compute the average wait time per Wait List disposition.			
8	The system can compute the average wait time between the Wait List and the client receipt of waiver services.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
9	<p>The system supports the following data elements being tracked:</p> <ul style="list-style-type: none"> • Wait List and Waiver admission dates • Actual dates of service for each service received. • Actual number of units utilized and authorized. • Transfer/discharge dates • Rate changes including effective dates 			
10	The system supports utilization "triggers" or outliers. Explain how they are implemented, how they work and the flexibility that the system must support any changes in them.			
11	The system generates a variety of user defined reports that can be used by DD, Providers and other users to monitor utilization.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
4. PROVIDER NETWORK MANAGMENT				
1	<p>The Provider database contains at a minimum the following data elements:</p> <ul style="list-style-type: none"> Provider's Information: Provider's Corporate Name, Short Name (DBA), EIN, NPI, Tax ID#, Medicaid Contract ID#, Other State Agency Code(s), Provider STARRS ID number, Provider Status Effective Date Opened, Provider Status Effective Date Closed, Contact Information (1. Primary Contact Name, 2. Street Address, 4. City/State/Zip, 5.County Name, 6. Region, 7.Phone Number, 8. Phone Number Extension, 9.Fax Number, 10.Email Address 11. Website) Correspondence Address (1.Street Address 1, 2.Street Address 2, 3. City/State/Zip, 4.Billing Address (in case there is a difference), Mailing Address (1. Parent Company, 2.Mailing Name, 3. Mailing Contact Name, 4. Mailing Street 1, 5. Mailing Street 2 6. Mailing City, 7. Mailing State/Province, 8. Mailing Zip/Postal Code, 9. Mailing Phone), Contract/License Information (License Number, Contract Number, Contract Date) Enrollment: (For Each type of Waiver) Fund Code Disposition, Status Date, Effective Date, End Date (for example if changing Waiver Type), List of Workers, Services, Provider Level Budgets, Provider ID Numbers, Categories, Provider Adjustments, Assessment, Claims Submitted, Sites, Notes, Linked Providers, Aliases, Service area, Credentials, Experience 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
2	<p>The Client database contains, minimally, the following data elements:</p> <ul style="list-style-type: none"> Client's Information: Unique ID, Medicaid ID, Status, Last Name, First Name, Middle Initial, Alias, Gender, Date of Birth, Age, Date of Death, SSN, Ethnicity, Hispanic Origin, Marital Status, Residence Type, Street Address 1, Street Address 2, City, State, Zip/Postal Code, County, Phone Numbers, Fiscal Region, Region of Residence, Email addresses, Other Information (Birth Certificate, Birth Place, Eye Color, Hair Color, Height, Weight, Primary Language, Secondary Language), Date entered in system, Enrollments, Programs, Wait List data, Authorizations, Notes, Plan of Care, Contacts, Claims Submitted, Assessments, Fund Eligibility, Diagnosis, Medications, Progress Notes 			
3	<ul style="list-style-type: none"> The Claims database contains, minimally, the following data elements: <u>Claim's Information</u> (Claims should be linked to Provider and client): Unique Claim ID, Submitter Claim ID, Client's Name, Client's Unique ID, Batch Processing No, Manual Approval Information, Approval Date, Approved By, Approval Adjustment Reason, Claim Status, Remittance Status, Authorization ID, Claim Status ID, Rule Name, EOP Date, Export Date, Paper Claim Info, Printed Date, Delay Reason: <u>Claims Detail</u>: Submitted by Info, Submission Date, Receipt Date, Claim Amount, Diagnosis, Claim Status, Medicaid Claim Transaction Number: <u>Service Details</u>: Service Name/Code, Provider's 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	Name, Units, Cost, Rate Change effective date(s): <u>Remittance</u> : Remit Date, Check Date, Check Number, Payment Voucher ID, Amount, <u>Claim Adjustments Information</u> ; <u>Service Adjustments Information</u> ; Notes; HIPAA EDI Files and File Names			
4	The System Administration Utilities section contains, minimally, the following change elements: Authorization Utility, Diagnosis Codes, Fund Code Setting, Group Setup to manage user security levels, Holidays/Closures, ISO Code Setup, Lookup Codes, Screen Designs, Service Codes, Payment Vouchers, Rate Chang Utility, Users Utility to grant system access to add new users			
5	The system supports the following unique identifiers: <ul style="list-style-type: none"> •Medicaid Provider ID# •State Agency ID# •Tax ID# 			
6	The system supports Providers that operate from multiple locations.			
7	The system supports Providers being cross-referenced to the state agencies with which they are affiliated.			
8	The system will provide access through ADIDIS to an on-line program directory that includes information on access, capacity, services, etc.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
9	The Provider management module is integrated with all other application functions.			
10	The system can accommodate the addition of other data elements and related tables to the system database and to the application screens by the user as needed.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
5. CONTRACT SERVICES MANAGEMENT				
1	Given the complex variations discussed in the overview paragraph, please give a detailed explanation of how your system can be configured to accommodate these conditions. Specifically include how the system can be configured, how the Providers will submit claims data, how the contracts are built, and rates defined and how the financial transactions can be transmitted to a separate accounting system.			
2	The system should support an integrated contract-billing module. Integrated in this context implies that the module can be updated online, and that modifications impacting service descriptions, staff qualifications, and the billing rates entered in this module are instantly available to all related modules, and the edits and cross references between modules is accomplished on-line and real time.			
3	The system captures all standard contract details including services, rates, and contract limits according to the specifications of ADMH and DD.			
4	The system supports multiple lines of business funded under one contract. Please explain if this needs to be under separate contracts in the system.			
5	The system has the capacity to record, compare, and report by Provider, by county, and by region, respectfully, the total contract,			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	award, by service, invoiced amount, received amount, unbilled balance, and forecasted end of contract balance.			
6	The system supports a Provider having more than one contract.			
7	The system supports the creation of new contracts at any time.			
8	The system maintains the scope of the Provider's contract with procedure codes and rates.			
9	The system allows specific services in a contract be designated to be paid from specific fund sources.			
10	The system can be configured to set quantitative and qualitative benefit limitations.			
11	The system can be configured to exclude Providers from being reimbursed for specific services.			
12	<p>The contract services management systems will support all HIPAA compliant coding conventions including the following:</p> <ul style="list-style-type: none"> •CPT-4 •ICD-10 •HCPCS •DSM IV with crosswalk to ICD-10. 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
13	The system can determine, at any time, what contract is in effect for a specified service. If there are limitations on how the system handles this, please provide an explanation			
14	<p>The system supports contracts based on different pricing methods – FFS, capitation, etc.</p> <ul style="list-style-type: none"> Describe what pricing methods your system supports 			
15	The system supports contracts that have rates or pricing methods that are date sensitive			
16	<p>The system can set and monitor upper level contract limits by Provider. For example, a Provider contract may have a “not to exceed” limitation. No claims would be adjudicated above that amount.</p> <ul style="list-style-type: none"> Can a user with proper security override this “not to Exceed”? Would a contract limit need to be expanded in order for that to be accepted? Describe anything else that would need to be done to manage limits. 			
17	The system supports an annual not to exceed amount contract by service code.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> •Can this flag stop claim payment? •Can this provide a warning when claims are being processed? •At what point would a not to exceed amount trigger an action? 			
18	Ability to generate reports showing operating volume (e.g., client days, procedures, visits), revenue and expenses for the previous year, current year projected and budgeted year for each Provider, including budget versus actual.			
19	Ability to estimate remaining period expenses of current year based on year-to-date data (with/without inflation adjustments), or to accept pre-determined amounts, as specified for each Provider organization.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
6. CLAIMS PROCESSING FUNCTIONS				
1	The claims processing module is fully integrated with all other modules. Integrated in this context implies that the data entered in one module is instantly available to all related modules and the edits and cross references between modules is accomplished on-line and real time.			
2	The system can automatically generate acknowledgement of receipt of claims batches from Providers. In addition, when claims batches are sent back to Providers for corrections, the system has a mechanism to support this level of function.			
3	The system adjudicates claims, calculates the reimbursement amounts and creates a detailed and summary report or voucher by Provider that can be forwarded electronically to ADMH'S Finance Division (ASM accounting system) or to a separate government agency to generate the checks for the services.			
4	The system can pay and track claims activity for a new system enrollee until Medicaid eligibility is determined and then provide an easy method for reclassifying expense and billing data as eligibility data is determined to be different than originally billed and paid. This is particularly important for clients who will apply for Medicaid at time of service and become retroactively eligible			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
5	The system allows for user-defined eligibility information to be viewed on-line.			
6	The system supports claims received from more than one line of business or Provider per enrolled client.			
7	<p>The system allows a Provider to sign on to the ADIDIS and determine:</p> <ul style="list-style-type: none"> •Client DD and Medicaid eligibility status •Client enrollment status •Determine Claim Status 			
8	The system can cross check provider certification numbers against claims to assure that this Provider is certified for this service.			
9	The system does not depend on an authorization number to confirm appropriate payment of claims.			
10	<p>The system provides the following edits:</p> <ul style="list-style-type: none"> •Validate client enrollment at point of claim adjudication; •Check for enrollment restrictions; •Check against limitations and restrictions defined in contact billing manual; 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> •Identify duplicate claims; and •Check for dollar limitations and unit of service limitations (authorizations) 			
11	The system provides a mechanism to establish critical thresholds based on units of service or dollar limits that will allow for quick identification of high utilization.			
12	<p>The system supports the following coding conventions as part of the standard product:</p> <ul style="list-style-type: none"> • CPT, HCPCS, etc. • ICD-10 or most current version • DSM IV 			
13	The system allows for payment authorizations from a variety of funding sources.			
14	<p>The system supports complex payment arrangements with Providers including:</p> <ul style="list-style-type: none"> •Fee for service •Procedure code-based fee schedules •Capitated method 			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> •Bundled service pages •Line item budgets •Rate changes •Retro changes •Void/replace 			
15	The system can support payment methodologies that are service-date sensitive.			
16	The claims payment system automatically maintains Provider billing and contract balances and can create reports that reflect these balances.			
17	The system supports DD EDI standards for receiving electronic claims and sending remittance advices in HIPAA compliant formats. Please specify if there are any HIPAA formats that are not supported.			
18	The system supports Providers entering claim data directly into the system.			
19	The system provides a mechanism for Providers to enter claims data off-line, and then upload the claims to the system in a batch transfer mode.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
20	The system can receive claims from Providers at gross charges and recalculate the payment amount automatically based on the Provider's contract and then give a detailed recap of the calculation in a format suitable for communicating back to the Provider.			
21	The system supports electronic remittance advice that would allow for Providers to receive payment detail electronically.			
22	The system supports the ANSI ASC X12 – 835 electronic remittance advice standards.			
23	The system supports on-line adjudication			
24	The system suppresses payments for services provided under capitated contracts and yet still provides detailed remittance advice to those Providers that report service utilization under capitated agreements.			
25	The system will allow for additional Providers and lines of business to be added at any time to the system.			
26				

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
27	The system can produce Explanation of Benefit reports (EOB) for Providers and recipients or their representatives that lists services and benefits received.			
28	The system, when appropriate, can create and send Medicare claims to Medicare intermediaries, including Medicaid crossover claims.			
29	The system can update the claims database and Provider billing and balance reports to reflect reconciliation, gross settlements and cost recoveries between DD and the Providers.			
30	<p>The system can post adjustments for previously paid services to client and Provider accounts when it is determined that an overpayment or under payment has occurred based on:</p> <ul style="list-style-type: none"> •Corrected or revised units of service including increases, decreases (to zero units delivered, if necessary); •Corrected or revised third party reimbursement. •Corrected or revised service authorization or limits; and/or •Service rate information. 			
31	The system will allow for batch input of adjustment and correction transactions. The system will be capable of locating the original payments or adjustments and creating correcting payment or adjustment transactions and updating the Provider balance reports.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	The system also allows for indicating payments for specific services that, resulted in corrections, audits, or cost reports, and were reconciled, cost settled, or partially or fully recovered. The system can account for canceled or returned payments from Providers for whatever reasons.			
32	The system retains information on paid claims for a minimum of seven years past the date of termination for clients terminated for any reason. Active client information should be retained for the time spent on the waiver.			
33	The system should have the capability to interface and transfer data, accept claims, and payments with the program chosen by Alabama Medicaid Agency to meet the requirements of the 21st Century Cure's Act Electronic Visit Verification Monitoring System for in-home service delivery.			
34	Vendor can provide a standalone EVV system that will integrate with the AMA MEVV Vendor requirements OR Vendor will need to integrate directly with AMA MEVV Vendor for EVV Services. Provide narrative for solution(s) offered as stated in the General Requirements section in the RFP.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
7. SERVICE TERMINATION AND OUTCOME REPORTING				
1	<p>The system can generate a discharge report at the point of service termination. At a minimum this report will include:</p> <ul style="list-style-type: none"> • The type of discharge. 			
2	<p>Outcome reports: Please provide a narrative that describes existing system functionality that addresses use of outcomes and any related experience working with other customers on inclusion of outcome measures and reporting.</p>			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
8. QUALITY REPORTING				
1	<p>The system captures data on the status of a Provider's certification, which will include:</p> <ul style="list-style-type: none"> •Approved dates of certification. •Services authorized under certification status. •Number of authorized units per service treatment. •Certification sanctions and/or restrictions. 			
2	The system generates Provider certification numbers automatically as part of the certification process.			
3	<p>The system captures data on the status of clinicians' credentials that are associated with claims payments, as with Medicaid, clinical assessments, etc. This data, at a minimum includes:</p> <ul style="list-style-type: none"> •Approved date of authorization. •Services certified to provide. •Certification number. 			
4	The system can generate reports from the certification and credential data on an ad hoc basis.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
5	The system supports a formal grievance process, and therefore will need to capture key data and narrative information regarding the complaint, actions taken, and resolution to the problem.			
6	The system can facilitate a client satisfaction survey, at DD specified intervals, and summarize the data into user defined reports.			
7	The system generates reports of the number of clients seen per day, week, month, or year, by service, geographical location, Provider agency, or other user defined criteria.			
8	The system can prepare real-time census by unit, age, race, sex, waiver program, services, county, region, or other user defined criteria.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
9. INCIDENT MANAGEMENT				
1	When searching the system for information of a specific individual, it would be helpful if all incidents that are entered for that person will be displayed on the oversight account. The system needs to have a method to select from a list (or similar) that is separated by program (residential, day, case management) which means we must select each program individually to see if the incidents occur across programs.			
2	When generating reports, the system can export all the details from the incident and investigation findings into one spreadsheet. This will allow us to see the complete picture of the incident and investigation in one place. Currently, investigations (resolutions) are housed separately from incidents (GERs), so when we export incident details, we have to look up investigations separately, which is time consuming.			
3	Providers don't always enter all fields of incident reports, so when generating reports, we have to manually review each incident with missing fields to get additional information, which is also time consuming for staff. If certain fields were mandatory in order to submit the form, this would cut down on incomplete reporting by providers.			
4	Application is a national system, so there are other states that have different incident definitions than Alabama's list of reportable incidents. We often see that providers steer away from selecting			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	Alabama definitions and they select codes that are not applicable. It would be helpful if providers were limited to our reportable definitions when reporting. This would help reduce coding errors tremendously.			
5	System allows providers to select from low, medium and high notification levels when submitting incidents. This causes errors when a high incident like a death, is coded as a medium or low report in the system. It would be great if the provider could select the incident type and the system would automatically recognize it at the appropriate notification level. This would reduce additional errors as well.			
6	Currently, individuals are assigned by program in the system, but it would be helpful to specify which waiver a person is on when generating reports. When it's time to submit waiver reports, we could easily filter LAH, ID, and CWP enrollments for performance measure reporting.			
7	The system must include detailed user access criteria to prevent access to data and information that is not relevant to that user's scope of responsibility, organization, etc.			
8	The system must include the capability to include data field definition/guidance that the user can access for reference purposes as they enter data. For example, incident/event definitions			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	that can be pulled up to assure appropriate classification of an incident.			
9	The system must include the capability to link multiple incident reports that relate to the same incident/event.			
10	The system must provide intuitive guidance to the user to ensure accurate and complete entry of all data elements related to an incident/event.			
11	The system must include the ability to establish data entry rules for all non-narrative data fields where such is required.			
12	The system must include the capability to query data from any non-narrative data field.			
13	The system must provide guided development of data queries that are functional for all system users and that allow for cross-referencing information on all data fields.			
14	The system must provide guided progression from data field to data field based on a specific type of incident.			
15	The system must be capable of identifying specific data fields that must be completed for a specific incident type and a method to prevent finalizing the report without information in these fields.			

Functional Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
16	The system must include the capability to create numeric and graphic data reporting.			
17	The system must include the capability to export data query results into an Excel report.			

Technical Requirements identified herein request a response to each requirement/desired attribute using the method below. When responding, the vendor is instructed to use the following descriptions and approach when constructing their response to the requirement/desired attribute.

Column	Description
Vendor Code	The vendor should indicate whether the proposed system provides the functionality identified in the requirement/desired attribute using the appropriate Vendor Code (1-5)
Source	<p>If the proposed system meets the requirement/desired attribute, the vendor should indicate a source. Valid Source responses include:</p> <p>A – Functionality is present with no customization needed or 3rd party integration</p> <p>B – Customizations needed to fully satisfy requirement (programming needed in any form)</p> <p>C – Third party integration is in place/will be in place to satisfy requirement. When selecting this response, the vendor should provide the name of the third-party vendor being utilized in the response section</p>
Vendor Response	The vendor should provide a description of how the solution meets the requirement. References to supporting documentation is allowed, however, it must be specific and can only be used to support the response given.
There are several sections that have the vendor's response columns shaded. The vendor is not expected to provide a response to any requirements that have the vendor's response columns shaded.	

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
1. GENERAL TECHNICAL REQUIREMENTS				
1	Required Fields – The system allows DD to decide whether a data element is required and should be entered before the system will accept an input form or can be bypassed during data entry. (We understand that there may be exceptions in the billing or claims areas where certain data elements should be present.)			
2	Historical Data – DD need to be able to capture some data history, such as, client address, staff assigned, level of care assignments, program assignments, with all values that change over time kept for future reference.			
3	Integration – System integration into the existing ADIDIS is a requirement. The ability to promptly respond to Medicaid requests to satisfy CMS requirements and to incorporate other system process requests is crucial. Deliverables must ensure that the integrated systems function successfully as a unit.			
4	Redundant data entry is not required. Once information is entered into the system, it is available to all users who require it, subject only to assigned access security.			
5	Availability – The entire system is available to all users at all times (subject to security provisions), irrespective of what function any			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	operator is using. Exceptions may occur when system maintenance or updates are required.			
6	Growth Potential – The proposed software and hardware of the system are expandable. DD will be able to continue to use the system during periods of organizational growth and expansion. This would include the addition of the other DMH Divisions in to this system.			
7	Hardware Expandability – The proposed hardware (as applicable) is configured to handle reasonable growth and is upwardly compatible, if large-scale expansion is required.			
8	Software Expandability – The software can accommodate additional functional modules.			
9	Programming Language(s): The proposed application programs are written in a stable, widely accepted programming language that supports rapid application development and a graphical user interface.			
10	Database: The system utilizes an industry-standard relational database that has the scalability and flexibility to meet the current and future need of the DD. The system should be able to store years of transaction data on-line. Complete data dictionary and schema must be provided as part of system deliverable. Encryption on the database is required.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
11	System Architecture: The system utilizes a modern tiered design that supports the ongoing development of software applications that serve multiple locations in a stable manner.			
12	WAN/inter-Site Network: The vendor has a clear strategy for connecting multiple sites, i.e., public networks. (Any direct network work, if needed, must be done in conjunction with the Alabama Office of Information Technology (OIT).			
13	Cloud-Based Solutions: The vendor possesses industry knowledge and implementation of Cloud-Based Solutions as it relates to the security, data storage and access, system flexibility, business collaboration and continuity, and expediate disaster recovery solutions. The vendor will also have a clear strategy for utilizing web-enabled devices such as smartphones and tablets to securely access and update data.			
14	System Integration: The vendor has synching capabilities/integration with systems/applications like mainframe systems, electronic mailing systems (email), google maps, electronic visit verification, the state payment systems, the MMIS, etc. that all follow HIPAA guidelines			
15	Data Communications: The system provides for standardized data exchanged with the State of Alabama and service Providers. (please specify types of exchanges) Encryption and governance policies must be adhered to at all times.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
16	Archiving Capabilities: The system is designed to support methods for archiving, reporting on, and retrieving inactive client records housed in the data warehouse on an ongoing basis.			
17	Data Repository: The system supports methods for creating a non-production data repository that has a denormalized structure that allows for the development of standard and ad hoc reports by non-technical users.			
18	Reporting Tools: The system supports one or more industry-standard reporting tools that can be used by non-technical users to create and generate reports from the production database (for real-time reporting) and the data repository. Auditing functionality must be in place to track users access to any PHI data on the system.			
19	Security: The system must contain user access control features that allow role-based access to functionality of the system. ADMH will be able to grant access to users based on least privilege access necessary to perform each users job function.			
20	Interoperability: The system must be able to exchange data and extracts with other information systems that ADMH currently does or in the future will need to for compliance and business reasons. For example, with Medicaid or EVV partners.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
2. USER INTERFACE DESIGN REQUIREMENTS				
1	Custom Forms: The system can allow for development of custom forms that does not compromise the ADIDIS intended performance. The forms allow for the creation of new fields. They support validation checks for all new and existing files and user-defined determination of entry rules (e.g. required, warning, not required/no warning). Forms can support various objects such as textboxes, radio buttons, drop down list boxes (DDLs), and combo-boxes, etc. with the possibility of being populated with user-defined data. All forms should have the capability for revisions as needed. Custom forms should only be developed and modified by the DD Central Office Staff and the application vendor.			
2	Modifications of Existing Screens: The system supports the modification of existing screens including add new fields, removing (hiding) non-core fields, changing the location of fields, control over data entry rules, changes to validation checks, etc. Responsive screens should be incorporated in the system's design to adjust screens to the user's platform and orientation environment. Screen modifications should only be performed by the DD Central Office Staff and the application vendor.			
3	Standard User Interface: All forms use the substantially same metaphors for searches, entering lookup information, saving data, updating data, moving to other parts of the form, creating reports, etc. The system should have the capability to track data entry by			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	user, data entered by user and date stamp the data entry/change.			
4	System Navigation: Provides the ability throughout the system to go back to the main menu, to move to another screen, or to have user-defined buttons on the screen that will prompt the user to go to another form. The system allows for all information relating to a client, Provider, case manager, etc., to be easily accessed from any screen in the system where such data exists (e.g. can go to authorizations or call logs or screen forms for service entry or progress note entry).			
5	Report Generating Tool: The system can generate any number of custom reports that can be placed on menus in user-defined location. Has the capability of reporting on any group of data field in the entire MIS including user-defined location; can perform multi-layered sort and select; can utilize wild cards in data position of a field to select item; can compute on any field or groups of fields. Has a report designer to design how reports will look and support many reports including columnar, cross-tab, mailing labels, form letters, graph etc. Has the outputting reports on a manual or automated basis to the screen, printer, standard ASCII file format and PC application formats (XLS, WK*, MDB, PDF, etc.)			
6	Tickler Engine/Reminders/Notifications: Allows for fields to be added in any form that allows the user to specify that follow-up is needed and when ("in xx days", or xx date). In addition, a tickler attribute can be added to most fields throughout the system			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	whereby a user can set a value for that field (e.g. "a billed item has had no payment action in 45 days" or "it has been 7 days since the form that holds this item was filled out but this required field is still blank"). The tickler engine can be set to run at specified intervals (e.g. "every night at 1am") and when it finds a record that meets the tickler threshold the engine will initiate a predetermined action that has originally set up. These actions include: Send an email to the case manager or designated billing person or the supervisor, etc.; Add the item to a report that is automatically printed at the end of the process, sorted by type of tickler item; Add the item to a report that is manually run by various users (e.g. "that scheduling person runs the report of all appointment from the previous day that have not had some action entered").			
7	Custom Help: The system supports the entry of custom help to all entry screens.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
3. QUALITY ASSURANCE REQUIREMENTS				
1	ADMH has the approval authority to all change to the software that will impact the system's functionality.			
2	Testing (UAT)/Training System: ADMH can maintain a complete test and training system that will allow ADMH to participate in input of data into the testing process, reviewing test results, and formally accept an application change or enhancement prior to placing the changes or enhancement into an operational status. This system shall be a mirror of the production database with the ability to update in both direction – test to production and production to test. ADMH shall not be the sole tester of software, but the supplier will independently test all software.			
3	Problem/Change Request Process: The vendor can demonstrate and maintain a fully documented procedure enabling ADMH to report processing problems and to control and monitor applications change requests. This should include a process for reporting back the status of all such requests, the setting of priorities for the request by ADMH and a schedule for their completion provided by the vendor.			
4	Software "Bugs" Defects: It shall be the vendor's responsibility to correct all application problems resulting from program problems inherent in the applications or due to improperly implemented program changes. These corrections should be given a high priority, as indicated by importance, by the vendor to be completed per an			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	ADMH approved schedule. SLA information on resolutions must be provided.			
5	Internal Controls: The applications should provide the ability to balance, through access to appropriate reports and control totals, each production cycle. For example, establish contract monthly balances, reconcile master file update activities, etc.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
4. Performance Standards				
1	Response Time: The applications software shall maintain an average response time of <=3 seconds or during ADMH prime working hours for all on-line applications.			
2	Multi-Tasking: The applications software shall be designed to facilitate rapid movements between modules.			
3	Up and Down Scrolling: The software shall provide the ability to scroll the display forward and backward in on-line applications.			
4	Field Defaults: The system provides users with defined default values throughout the system.			
5	Data Outputs: The software can export data reports or screen data to Excel or CSV, PDF, JPG, DOC, DOCX File or to any printable format.			
6	Report Format Standards: All reports have the same standard type report headings.			
7	7Printer Control: The system can route reports to printers located in various locations throughout DMH. Report location printing should be selectable by the user requesting the report.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
8	Background processing: DD Central Office Staff and Regional Office Staff users shall be able to write batch programs that will drive application programs in the background and during non-working hours (e.g. the running of daily or monthly reports.)			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
5. SYSTEM AND DATA SECURITY REQUIREMENTS				
1	HIPAA: The system meets all HIPAA security and confidentiality requirements including Standards for Privacy of Individually Identifiable Health Information.			
2	Security System: Two-factor authentication is required (or configurable) for remote access (such as access from a public network) and for any access by individuals with privileged accounts or an administrator role. Explicitly, the system has an operating system and/or application-level security system which will prevent unauthorized access to and manipulation of the system, directories, files and programs, particularly in the multi-agency, multi-user, multi-processing environment. The system must also contain password expiration functionality.			
3	Security Features: The security system uses a combination of: User names; First and second level passwords; File and directory read/write execute/delete authorization, login (interactive and batch) restrictions (days, time, terminals, hard-wired and dial-up); Process initiation restrictions (e.g. month end closing); Device access restrictions; Application menu selection restrictions; and Database restrictions. The system must also contain self-service password reset functionality.			
4	Backup System: The system has an operating system, utility program and/or application-level data backup and restore system which provides for the creation of functionally equivalent copies of the			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	system, application and data files. Vendor shall be responsible for the backups of the source code and data for the entire system. Define timeline for restore case.			
5	For web-based applications, user cannot use the back arrow to access the previous web page whether they are logged into the system or have just logged out. It is a security issue in using the back arrow, data can be compromised.			
6	Auditing: The system has a mechanism for auditing all user access to patient/client data records.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
6. GRAPHICAL USER INTERFACE (GUI) REQUIREMENTS				
1	The software is presented in an environment that supports "Ease-of-use" and will allow the user to easily move from one application to another with limited keyboard interaction.			
2	The system provides on-line interactive edits of all tables and master files assuming appropriate access rights are given.			
3	The system allows table look-ups while in the application screens.			
4	The system has on-line user documentation that can be used for training staff as well as offering on-line help.			
5	The system has built in data integrity edits to stop the user when incorrect data is entered.			
6	The system allows for access to client records using either the client name look-up, client SSN number or Unique Client Identifier (UCI), at the user's discretion, throughout the system.			
7	The vendor should describe any advanced technology that they have implemented to enhance the user's interface. Specifically, if any hand-held devices, light pen, touch screen, mouse, voice or other technology is available, this should be discussed in this section.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
8	Describe how “Help” screens or aids have been implemented with this system with other customers.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
7. DATA WAREHOUSE/REPORTING FUNCTIONALITY				
1	<p>ADMH is interested in obtaining the functionality of a data warehouse/reporting functionality for the entire system. Some dashboards, standard reports and all ad hoc reports be run against the data warehouse and not against the live production system except where real time data is needed to be captured. Describe your solution to do this, where and how you have accomplished this before and what hardware and software would be required for DD to operate the warehouse if needed.</p> <p>Additionally, ADMH houses its own data warehouse that houses different department data. As part of the department initiative, all reportable data must be able to be housed here. Describe your solution for transferring the data to ADMH, where and how you have accomplished this before and detail any requirements needed on the ADMH side.</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
8. DATABASE ACCESS AND DEVELOPMENT ENVIRONMENT				
1	<p>Report Writer Capabilities</p> <p>An important aspect of ADIDIS will be the ability to access and report a variety of detailed and summary information. Reporting needs range from fast, on-line retrieval to statistical analysis of multiple data files linked and reported together. A critical need will be for all key staff members of the Provider organizations to have access to the information in the ADIDIS. Providers should be able to have access to data that is specific to clients located in their programs and/or service areas. The Providers can extract data specific to them and create a host of reports that analyze client and Provider activity. Special consideration should be placed on how to appropriately and effectively give Providers access to data without affecting system on-line performance.</p> <p>Provide a narrative of the system's reporting capabilities. If multiple report writers (software) are supplied with the system, then a detailed description of each one should be contained in this section. Describe any tools or toolsets that are provided or available with the system proposed that would give ADMH staff the ability to manage their own data extraction, reporting and analysis. Include any associated costs of these tools or toolsets on the pricing sheets.</p> <p>Address the following criteria in response to this section</p> <p>i. Review of Standard Reports by Application Area.</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<p>ii. Provision of Examples of Standard Reports is recommended, including ease of use of report writer tool and ad hoc reporting tools.</p> <p>iii. Access to "source code" of standard reports.</p> <p>iv. Ability to modify existing reports to meet the Providers' needs.</p> <p>v. Ability to extract data and move to other environments. List the specific packages that are supported by this process in each of the following categories: (Spreadsheet, Database. Word Processing, ASCII files)</p> <p>vi. Statistical Analysis Packages – SPSS/SAS</p> <p>vii. System uses Open Data Base Compliant (ODBC) drivers to allow for standard access to the ADIDIS data bases.</p> <p>Documentation reflecting dashboards and the report writer capabilities should be included as either part of this section or as an attachment. The goal is to clearly convey the tools available with the system and available to the ADIDIS to access all the system information.</p> <p>The vendor should specifically state how various members of the ADMH staff and Provider agencies will have access to the information that they require.</p> <p>The vendor should also give an overview of safeguards that exist to prevent unauthorized access to data through the report writer</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	function. Also, the vendor should discuss what security capabilities exist to limit database access to users of the report writer.			
2	<p>Development Environment and Access to Source Code</p> <p>The vendor should provide an overview of the development tool(s) used to create the proposed solution. Give an overview of the design and structure of the system so that the ADMH can assess the approach that was used. If development tools are available as part of the purchase of the system, give a detailed explanation of the degree of control that modifications to the base system as well as add functionality can be done.</p> <p>The vendor should clearly state its position regarding allowing ADMH access to source code for all components (database structure, data dictionary, screens, batch processes and report programs) of the system. Provide information about the availability of an escrow account for source code.</p> <p>Topics that should be addressed include:</p> <ul style="list-style-type: none"> - Ability to add, change (or delete) data elements to the system; - Ability to add, change (or delete) screens to the system and access base system data and new data elements; - Ability to add or change batch or real time processes to the system; - Ability to modify existing "standard" system reports and replace them with custom reports - Ability to add data elements that are specific to a Provider or fiscal entity. 			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	The vendor should explain its support strategy as it relates to users making custom modifications to the system. If the vendor provides programming services that supports custom development, the vendor should give an overview of those services and itemize those costs in its response on the pricing worksheet.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
9. DATA PURGE AND ARCHIVE REQUIREMENTS				
1	<p>A key attribute of the ADIDIS will be to provide long-term storage of the client information. This information is necessary and critical for two major reasons. One, there is a need for longitudinal client history information. This information will include all the information mentioned in the requirements section of this document. The second major need for this information is to provide an information system database from which a host management reports can be produced that reflect the activities of the Providers.</p> <p>Since the size of the database and the amount of information maintained on a system of this nature can have a significant impact of the size of the CPU and disk space required to manage the system, it is imperative that the vendor address this issue in great detail.</p> <p>In this section, the vendor should provide a detailed narrative that addresses each of the following issues:</p> <ul style="list-style-type: none"> - Describe your approach to purging and archiving of data. - Describe the various parameters that the user can control to determine how long the information in the system will be retained. - Describe how your system supports a longitudinal client record - Given the assumption that the Providers will want to retain access to all data for all clients for a minimum of seven years, and will want to retain on-line access to all data on active clients for their entire treatment period in the system, please project what the requirements will be to meet these 			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<p>conditions. It is important that the projections used in this section match the system quotations.</p> <ul style="list-style-type: none"> - Describe how data is archived and to what environments, i.e. tape, optical disk, etc. - Describe what capabilities the system has to return data to the system after being purged and archived. - Describe how and what data can be returned and how this is accomplished. <p>The vendor should respond to this section by indicating an understanding of these system requirements and then indicating how its system will meet these requirements. Any costs associated with meeting these requirements should be included in the cost section of the response.</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
10. DATA CONVERSION				
1	ADMH expects to download client identification and demographic information for all clients from the current system. Describe the process that will be used in taking the current data of the existing system and populating the proposed system. Identify any costs on the relevant cost worksheet.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
11. IMPLEMENTATION PROJECT PLAN AND STAFFING REQUIREMENTS				
1	<p>The project plan described in this section of the RFP should relate directly to the cost section of the RFP if costs are associated with the implementation. All travel costs involved in providing any of these services (training, project management, etc.) onsite in Alabama should be estimated. It is assumed that the selected vendor will make every effort to plan travel as efficiently as possible. The VENDOR shall make its own determination as to the frequency and duration of travel necessary to ensure a successful implementation.</p> <p>Provide an implementation project plan, WBS, and project timeline that addresses, at a minimum, the following categories:</p> <ol style="list-style-type: none"> 1. Project Management 2. Configuration lead 3. Conversion lead 4. Testing lead 5. Training lead 6. Certification lead 7. System Surveys and System Functional Design 8. Software Installation 9. Customization Specifications and Development – include any & all interface costs 10. Table and Master File Configuration 11. Forms and Report Design 12. Training Resources, Plan and Schedule, Training Manual <ul style="list-style-type: none"> • Training should include training for user, operator, system administrator. 			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<ul style="list-style-type: none"> • Training will be at a site to be determined by DD. <p>13. System Test Plan and system Acceptance Testing</p> <p>14. Conversion Programming and Data Conversion</p> <p>15. "Go Live" Support</p> <p>16. Post Implementation Support</p> <p>17. Written manuals/Training Materials to accompany the product.</p> <p>18. Method for reporting problems internal to the system and service level agreement (SLA) for fixes. How the reporting system indicates by priority and tracks reported problems.</p> <p>The Vendor should provide the resumes of key individuals that to be committed to this project. Their proposed role in the project should be identified. The Vendor shall designate a Project Manager to coordinate all activities of this project with the ADMH representative. ADMH will have the option of selecting specific individuals among those available through the Vendor and have the Vendor commit these individuals for the duration of the project. ADMH reserves the right to request that Vendor's staff be replaced if the services provided are not deemed satisfactory. Attachments are allowed for this section, however, the vendor must identify the attachments related to this requirement.</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
12. IMPLEMENTATION SUPPORT AND TRAINING				
1	<p>Vendor must prepare written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system. No communications material will be distributed without prior approval from ADHM. The Vendor must provide initial, refresher, and ongoing system training at least annually to ADHM, Providers, support coordinators, and others as deemed necessary by ADHM. The Vendor must provide a detailed plan for initial and ongoing training, including a training manual and Self-Paced Web Based Training Modules. In addition, the Vendor must address how support questions will be received and answered once the system is up and running.</p> <p>The training of ADMH staff will require special attention. During system go-live, the vendor should be willing to provide a high level of on-site support. On-going training is also a major concern. It is important that the vendor agree to provide a training approach that will not only train to go-live date but will provide an ongoing training support strategy to ensure staff can be retrained and that new staff can be trained.</p> <p>As part of the Proposal, the Vendor must:</p> <p>Describe how the Vendor proposes to provide written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system.</p>			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	<p>Describe how the Vendor proposes to provide initial, refresher, and ongoing system training at least annually to Medicaid, Providers, support coordinators, and others as deemed necessary by ADMH.</p> <p>Describe how the Vendor proposes to provide a detailed plan for initial and ongoing training, including a training manual and Self-Paced Web Based Training Modules.</p> <p>Describe how the Vendor proposes to address how questions will be received and answered once the system is up and running.</p> <p>The vendor should describe the types of documentation/materials that will be delivered with the system. Examples of the documentation are desired as part of the RFP response. A list of all documentation will be required.</p> <p>Types of documentation that ADMH is looking for include:</p> <ul style="list-style-type: none"> On-Line System Documentation Screen Level Documentation Application Procedure Manuals Description of Functional Business Process Flows Training Manuals and Training Aids (online video training) 			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
	System Operations Manuals Report Writer Documentation (Data Dictionary and Database Definition)			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
13. SOFTWARE SUPPORT SERVICES				
1	What hours are support staff available? Please address availability to support Central Time Zone (CST) hours. Be specific about what will be available and when.			
2	Is there a User's Group (National, Regional, Local) in operation for the proposed product(s)?			
3	What support services are available from your company? Provide a detailed description of problem escalation procedures and specify responsibilities of the parties involved.			
4	What is your policy and procedure regarding new releases and updates of the proposed product? Describe what documentation will be included for new releases and updates.			
5	What is your policy regarding modifications that the DD may make to your product after installation?			
6	Provide a comprehensive overview of the software maintenance and support services provided with this proposal. Identify what is covered as part of a standard support and maintenance agreement and what is not			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
14. SERVICE LEVEL AGREEMENT (SLA)				
1	Provide a Service Level Agreement which includes application reliability and provide reliability results. The SLA will define the service levels that must be maintained as it relates to the support, reliability, and performance of the proposed solution. Additional documentation in addition to the Vendor Response area is allowed in this section, but must be referenced.			

Technical Requirements				
Item	Requirement/Desired Attribute	Vendor Code	Source	Vendor Response
14. DISASTER RECOVERY				
1	<p>Provide the recovery procedures from all events ranging from a minor malfunction to a major disaster.</p> <ul style="list-style-type: none"> Describe recovery procedures for offsite environments, roles and responsibilities of vendor, State, and outsourcer staff. Describe recovery procedures for checkpoint/restart capabilities. Describe recovery procedure for retention and storage of backup files and software. Describe recovery procedure for hardware backup for the main processor. Describe recovery procedure for Application and operating system software libraries, including related documentation. Describe recovery procedure for identification of the core business processes involved in the Electronic Visit Verification System. Describe a recovery procedure to include documentation of contingency plans. Describe a recovery procedure plan to include a definition of triggers for activating contingency plans. Describe recovery procedure plan for replacement of hardware and software (if applicable).. 			

TABLE 1 - PROJECT TASK AND DELIVERABLES

ID	Deliverable	Deliverable Features	Create	Update	Contribute	Required	Optional
Project Management							
1.	Project Charter and Statement of Work	Confirms objectives and deliverables for the project; defines the final agreed high-level scope and schedule for the project; confirms key resources and identifies planned resources; confirms the solution architecture, system design, and overall acceptance criteria for each component of the solution; confirms high-level acceptance criteria for each use case and key business and technical requirement; identifies key project assumptions and risks	X			X	
2.	Project Management Plan	The selected vendor is responsible for creating and maintaining the Project Management Plan. Once approved by the project sponsors, the Project Management Office and the governing Program Management Team, the Project Management Plan is a controlled document, and any updates will follow the Change Management process and project Change Control plan.	X	X		X	
2a	Scope Management Plan	This section describes how the scope will be defined, developed, monitored, controlled and verified	X	X		X	
2b	Change Control Plan	The project-level Change Control Plan describes the process for changing controlled deliverables. The Change Control Plan describes how modifications to the project's-controlled documents, deliverables, or baselines associated with the project are identified, documented, approved or rejected. The Change Control Plan will follow the Change Management process. The Change Control Log is the repository for Change Requests. The vendor is responsible for the Change Management Plan.	X	X		X	
2c	Cost Management Plan	This section should describe how costs will be planned, structured and controlled.	X	X		X	
2d	Staffing Plan	This section should describe how the roles and responsibilities, reporting relationships, and staff management will be addressed and structured. If vendor's Solution will require State staffing resources, the vendor should clearly identify and define those needs in the staffing plan.	X	X		X	
2e	Schedule Management Plan	This section establishes the criteria and the activities for developing, monitoring and controlling the schedule. The <i>only</i> official project schedule is in MS Project. The current schedule is the most recent "approved" baseline.	X	X		X	
2f	Quality Management Plan	This section should describe how the project team will help ensure quality for both the product and processes. The Quality Management Plan defines the approach to testing, including unit, regression, security, data, performance, and user acceptance testing; covers testing methods, tools, assumptions regarding state involvement, and documenting results. Note: The State will perform system integration and regression testing.	X	X		X	

2g	Risk Management Plan	This section describes the procedures, practices, responsibilities, and activities (including their sequence and timing) and the resources that will be used to manage project risks, including how stakeholders can submit risks, how risks are triaged and monitored, where risks are documented, and responsibilities for maintaining risk documentation. The Risk Management Plan should include a Risk Register, which is a key Risk Management tool.	X	X		X	
2h	Issue Management Plan	This section describes how project issues will be managed, including how stakeholders can submit issues, how issues are triaged and monitored, where issues are documented, and responsibilities for maintaining issue documentation. The Issue Management Plan should include an Issue Log, described below in Deliverable 5, which is a key Issue Management tool.	X	X		X	
2i	Communications Plan	This section should describe how, when and by who information about the project will be administered and disseminated. The Communication Plan defines the approach that will be used during the project to communicate with and engage staff and stakeholders and the plan to ensure staff and stakeholders receive needed communications in a timely manner throughout the course of the project. The vendor is responsible for creating and maintaining the project Communication Plan.	X	X		X	
2j	Project Schedule	The Project Schedule lists project milestones, activities, and deliverables along with intended start and finish dates. The Project Schedule will include resource allocation, effort estimates and task dependencies. The Project Schedule included in the Project Management Plan is used to create a baseline for tracking project performance. The vendor is responsible for creating the Project Schedule.	X	X		X	
3	Time Reporting	The vendor is responsible for time reporting on vendor deliverables. Time will be reported and tracking of the Project Schedule will be updated weekly.				X	
4	Risk Register	The project-level Risk Register is a repository where all identified risks are described. The Risk Register will include additional information, including mitigation strategies, mitigation activities, risk owner, useful references, and risk trend. The Risk Register will be reviewed with the state PM weekly. The vendor is responsible for creating and maintaining the Risk Register.	X	X		X	

5	Issue Log	The project-level Issue Log contains a list of current and resolved project issues. The Issue Log contains issue descriptions, impacts, severity, owner, history (actions related to the issue), current status, due date, and comments. The Issue Log will be reviewed weekly with the state PM. The vendor is responsible for the Issue Log.	X	X		X	
6	Change Control Log	The project-level Change Control Log contains a list of current and resolved Change Requests. The Change Control Log describes the requested change, estimated impacts to the project if approved, author, submission date, current status, disposition, and disposition date. An item enters the Change Control Log through a Change Request. The log contains a link or other reference to the corresponding Change Request. The Change Control Log will be reviewed weekly with the state PM. The vendor is responsible for the Change Control Log.	X	X		X	
7	Organizational Change Management Plan	The selected vendor is responsible for creating and maintaining the Organizational Change Management Plan (OCM). The OCM addresses several key areas important to smooth transition. The OCM will include, but is not limited to, Readiness Assessment, Transition Communication, Sponsor Activities and Sponsor Roadmaps, Change Management training for State Management, and Change Management training for State staff.	X	X		X	
8	Project Close Report	The Project Close Report summarizes the results of the project evaluation and the lessons learned. The Project Close Report requires approval by the state's PM, project sponsors and designated vendor representative.	X			X	
Analysis and Design							
10	Business Requirements	The selected vendor is responsible for updating and maintaining the project's business requirements. This document is used to capture the project's Business, Stakeholder, Solution (functional & non-functional), and Transition Requirements. The selected vendor, working with the state Business Analysts (BAs), will recommend and collaborate on required updates. Once approved, Business Requirements become a controlled document.	X	X		X	
11	Use Case	The selected vendor is responsible for creating and maintaining solution Use Cases and Use Case Process Flow diagrams. The selected vendor, working with the State BAs, will collaborate on new Use Cases and maintain existing Use Cases. Once approved, a Use Case is a controlled document.	X	X		X	
12	Requirements Traceability Matrix	The project-level Requirements Traceability Matrix (RTM) is a cross-reference of requirements and use cases, and development, testing and deployment activities, and tracks each requirement up to and including production deployment. The vendor is responsible for the RTM.	X	X		X	

13	Functional Specification	The selected vendor is responsible for creating and maintaining the project's Functional Specification. The Functional Specification is a document describing in detail the solution's intended capabilities, appearance and interactions with users. The Functional Specification details how the design satisfies business requirements. The selected vendor, working with the State's designated business architect, BAs, web designers and accessibility specialists, is responsible for creating and maintaining the project's Functional Specification.	X	X		X	
14	System Design	The System Design documents the technical and logical design of the databases, entities, and applications, as well as a high-level conceptual model of the Solution.	X	X		X	
15	Data Conversion, Mapping, and Migration Plan	Defines the detailed plan for data conversion, mapping, and migration, including cutover to the Solution, and data-related preparation for retirement of existing systems. This plan will be developed in close coordination with State database experts and the designated state release manager. The Data Conversion, Mapping and Migration Plan must include the overall solution migration plan, including the ramifications and risks involved with migrating out of the current environment into the Solution (migration may be a series of repeating activities that are part of a release, component or other logical delivery of the Solution).	X	X		X	
16	Cutover Plan	The Cutover Plan defines the detailed plan for cutover to a production environment, including all steps required to execute activities involved in moving active work from the current system to the Solution; the activity sequence must be specified. The Cutover Plan includes any required or recommended updates to back-up and disaster-recovery protocols, and creation and maintenance of cutover-related procedures.	X	X		X	
Delivery							
20	Warranty Plan	The Warranty Plan defines the support expectations and service levels during the 90-day warranty period post go-live, as well as entry and exit criteria for the warranty period and the process for documenting, tracking, and managing defects during and after the warranty period.	X	X		X	
21	Support and Maintenance Plan	The Support and Maintenance Plan defines support expectations and service levels post-warranty period. This plan defines the process for documenting and managing support tickets; and describes the process for associated knowledge transfer. The Support and Maintenance Plan includes the transition to full State-provided support.	X	X		X	

22	Infrastructure Requirements	The Infrastructure Requirements document defines infrastructure requirements and specifications necessary to support the Solution in a production environment; plus, any infrastructure requirements for additional environments (development, test, staging, training or other).	X	X		X	
23	Release Acceptance	Formal acceptance testing and related training and approval of the agreed components in scope for the specified iterative cycle. Required signatures are the state RM, PM and Project Sponsor.	X	X		X	
24	Training Plan	The Training Plan defines the plan for training technical support staff, and for conducting a "train the trainer" training for staff who will train and support Solution users and other stakeholders.	X	X		X	
24a	Training Materials	The vendor will create and maintain all training materials required for the Technical Support Staff training and the "Train the Trainer" training.	X	X		X	
25	Delivery of Final Training and UAT Ready Product	Deployment of the new system into training/UAT environments in accordance with the Release Management Plan; note that if a proposal involves several incremental deployments, these deliverables must be adjusted accordingly				X	
26	Complete Internal and External Training	Completion of agreed training activities				X	
Quality Assurance							
30	Test Plan	Project-level document describing the testing approach. Included in the Test Plan are objectives, scope, environment, execution plan, resources, entrance/exit criteria, and a defect tracking method.	X	X	X	X	
31	Test Strategy	Release-level document describing the testing that will occur for the release. Describes testing at the use case-level. Includes scope, environment, dependencies, procedures, work plan and team.	X	X	X	X	
32	Test Scenario	Defines a set and sequence of test cases.	X	X	X	X	
33	Test Case	A specific test: defines pre-conditions, inputs and expected outcomes.	X	X	X	X	

34	Test Results	A repository of the results of each Test Case.	X	X	X	X	
35	Test Closure Report	A release-level document describing the results of the testing described by the release’s Test Strategy. The report includes a summary of defects found, their resolution and any associated risks. The summary does not list each open defect; it links to the defect tracking repository.	X	X	X	X	
36	Test / Defect Status Report	A report (typically a list) itemizing each test and defect and their status.	X	X	X	X	
37	Release Approval Sign-off	May be included in the Test Closure Report. Sign-off required for the release to migrate to the next test environment or production.			X	X	
38	Requirements Traceability Matrix (QA)	A matrix which, at a minimum, cross-references requirements to test cases. The vendor is responsible for the Requirements Traceability Matrix (QA). The QA Manager will sign-off on this deliverable. Note, there is a similar deliverable developed as part of analysis and design; it cross-references requirements to use cases and may be used as the basis for the QA version.	X	X	X	X	
39	User Acceptance Test Plan	Plan for the formal customer evaluation of the product or release. The Test Plan will identify when UATs are appropriate. Each UAT will have a UAT Plan. There will be a final UAT for the finished product.			X	X	
Release Management							
40	Release Management Plan	Defines the project’s release management policies and describes the processes that will implement those policies. The vendor is responsible for creating the Release Management (RM) Plan. The RM manager will sign-off on the plan.			X	X	
41	Deployment Schedule	Created for each deployment. The Deployment Schedule is the deployment timeline including all required (included) deliverables due dates. The Deployment Schedule is included with the Deployment Checklist. The vendor is responsible for the Deployment Schedule.			X	X	
42	Deployment Checklist	Created for each deployment, the Deployment Checklist itemizes all activities and milestones required for the deployment. The Deployment Checklist, Deployment Schedule, and Deployment Communications Plan completely describe the			X	X	

		deployment’s activities, milestones and timing. The vendor is responsible for the Deployment Checklist. The RM manager will sign-off on the Deployment Checklist.					
43	Back Out (Roll-back) Plan	The Back Out Plan is a contingency plan in the case the release fails. The Back Out Plan is a detailed plan for rolling-back the environment to the previous release. The vendor is responsible for the Back Out Plan.			X	X	
44	Deployment Critical Issue Escalation Plan	The Deployment Critical Issue Escalation Plan contains specific instructions for categories of critical issues that could be encountered during the deployment. The plan includes contact information for domain experts and supervisors (e.g., database, network, etc.). Although a standard plan may be created for the project, each release will require review, updates as required, and sign-off. The vendor is responsible for the Deployment Critical Issue Escalation Plan. The RM manager will sign-off on the Deployment Critical Issue Escalation Plan.			X	X	
45	Deployment Communications Plan	Created for each deployment, the Deployment Communications Plan details all release-related notifications, when the notifications will occur and the individual or role responsible for the communication. Notification triggers or any required approvals are detailed in the Deployment Communications Plan. The vendor is responsible for the Deployment Communications Plan.			X	X	
Development							
50	Code Review Sign-off	The Vendor, State Development Supervisor and the QA Manager will identify the optimum frequency for code reviews. The State Development Supervisor and QA Manager will sign-off when a code review is complete. The Code Review Signoffs are part of the Release documentation. The vendor is responsible for code review scheduling and management.				X	
51	Unit Test Sign-off	Unit tests exercise individual software components. Unit tests may be observed by the State Development Supervisor or their designate. When a Unit Test is successful a Unit Test Sign-off will be created, documenting the success including date, developer, and observers or other test participants. A Unit Test is either 100% successful or it is not successful. Unit Test Signoffs are part of Release documentation. The vendor is responsible for unit testing.	X			X	
52	Deployment Instructions	Development will prepare Deployment Instructions for each release. These instructions will detail the steps necessary to deploy the release in all applicable environments. The vendor is responsible for deployment instructions.	X	X		X	

53	Release Notes	Development will prepare Release Notes for each release. Release Notes identify the features (use cases) and non-functional requirements implemented in the release. The vendor is responsible for release notes.	X	X		X	
54	Accessibility Sign-off	The Solution will meet state accessibility standards. An Accessibility Review Sign-off for the entire product will be required before the Solution moves to production and when a release introduces substantial UI functionality. The vendor is responsible for the Solution meeting state Accessibility requirements, scheduling and coordinating accessibility reviews and resolving accessibility issues. The vendor will work with the QA Manager and State Digital Accessibility Coordinators for scheduling and conducting accessibility reviews.				X	